

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N2100009085

**Entity Name:** ACTION MINISTRIES LKLND FL INC.

**Current Principal Place of Business:**

257 SUNSET BLVD.  
POLK CITY, FL 33868

**FILED**  
**Mar 22, 2023**  
**Secretary of State**  
**6301681184CC**

**Current Mailing Address:**

PO BOX 3723  
LAKELAND, FL 33802-3723 US

**FEI Number: 87-2135478**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RAMOS, OLGA  
257 SUNSET BLVD.  
POLK CITY, FL 33868 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTSD  
Name RAMOS, OLGA  
Address 257 SUNSET BLVD.  
City-State-Zip: POLK CITY FL 33868

Title D  
Name RAMOS, JOSEPH  
Address 257 SUNSET BLVD.  
City-State-Zip: POLK CITY FL 33868

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: OLGA RAMOS**

**PTSD**

**03/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date