

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003002

**Entity Name:** ACTION MINISTRIES, INC.

**Current Principal Place of Business:**

3824 STATE ROAD 60 EAST  
BARTOW, FL 33830

**Current Mailing Address:**

3824 STATE ROAD 60 EAST  
BARTOW, FL 33830 US

**FEI Number:** 59-3249313

**Certificate of Status Desired:** No

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

CAMP, ANDRE C  
869 WANAMAKER AVENUE  
FORT MEADE, FL 33841 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 D  
Name AUSTIN, MARLON  
Address 3557 ROSSLARE LANE  
City-State-Zip: LAKELAND FL 33803-5214

Title P  
Name CAMP, ANDRE C  
Address 869 WANAMAKER AVENUE  
City-State-Zip: FORT MEADE FL 33841

Title D  
Name WILLIAMS, CALVIN  
Address 409 3RD ST. S.W.  
City-State-Zip: FORT MEADE FL 33841

Title D  
Name RUSSELL, RUPERT  
Address 425 SYCAMORE STREET SW  
City-State-Zip: FORT MEADE FL 33841

Title D  
Name BRYANT, MICHAEL  
Address 990 BEE AVE  
City-State-Zip: BARTOW FL 33830

*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:** ANDRE C CAMP

**PRES**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date