

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001307

**Entity Name:** ACTS MINISTRIES, INC.**Current Principal Place of Business:**3150 DUNDEE RD  
WINTER HAVEN, FL 33884**Current Mailing Address:**PO BOX 1758  
WINTER HAVEN, FL 33882**FEI Number:** 59-3303480**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GAY, ALONZO TSR. DR.  
3150 DUNDEE ROAD  
WINTER HAVEN, FL 33884 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:** DR. ALONZO T. GAY, SR.

03/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | GAY, ALONZO TSR DR.   |
| Address         | P O BOX 1758          |
| City-State-Zip: | WINTER HAVEN FL 33882 |

|                 |                    |
|-----------------|--------------------|
| Title           | T                  |
| Name            | MEANS, CATHERINE A |
| Address         | 1012 DUNDEE RD.    |
| City-State-Zip: | DUNDEE FL 33838    |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | GRIMMER, BETTYE       |
| Address         | 4377 MANDOLYN BLVD    |
| City-State-Zip: | WINTER HAVEN FL 33884 |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | GAY, SANDRA R DR.     |
| Address         | 785 COUNTRY WALK COVE |
| City-State-Zip: | EAGLE LAKE FL 33839   |

|                 |                       |
|-----------------|-----------------------|
| Title           | SECRETARY             |
| Name            | WELLS, BARBARA        |
| Address         | P O BOX 1853          |
| City-State-Zip: | WINTER HAVEN FL 33882 |

*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:** SANDRA R. GAY

VICE PRESIDENT

03/20/2018

Electronic Signature of Signing Officer/Director Detail

Date