

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008358

FILED
May 02, 2007
Secretary of State

Entity Name: ACTS ONE:EIGHT MINISTRIES, INC.

Current Principal Place of Business:

4609 WESCONNETT BLVD
STE D
JACKSONVILLE, FL 32210

New Principal Place of Business:

2883 LORETTO RD
JACKSONVILLE, FL 32223 US

Current Mailing Address:

P.O. BOX 351505
JACKSONVILLE, FL 322351505

New Mailing Address:

2883 LORETTO RD
JACKSONVILLE, FL 32223 US

FEI Number: 68-0568526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ATKINSON, SAM
2883 LORETTO RD
JACKSONVILLE, FL 32223 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ATKINSON, SAM
Address: 2883 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS () Delete
Name: ATKINSON, JANICE
Address: 2883 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: ATKINSON, JOHN
Address: 3501 TOWNSEND BLVD APT #160
City-St-Zip: JACKSONVILLE, FL 32277

Title: DT () Delete
Name: HANSCOM, JOHN
Address: 12373 EAGLES CLAW LN
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ATKINSON, SAM
Address: 2883 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: DS (X) Change () Addition
Name: ATKINSON, JANICE
Address: 2883 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: D (X) Change () Addition
Name: ATKINSON, JOHN
Address: 3501 TOWNSEND BLVD APT #160
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: DT (X) Change () Addition
Name: HANSCOM, JOHN
Address: 12373 EAGLES CLAW LN
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAM ATKINSON

DP

05/02/2007

Electronic Signature of Signing Officer or Director

Date