

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90001 010 ****70.00

DOCUMENT # N04000003205

1. Entity Name
ACTS MINISTRIES OF JACKSONVILLE, INC.



Principal Place of Business
**4320 SUNBEAM RD., APT. #1207
JACKSONVILLE, FL 32257**

Mailing Address
**4320 SUNBEAM RD., APT. #1207
JACKSONVILLE, FL 32257**

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2. Principal Place of Business
7422 Hawks Cliff Drive
Suite, Apt. #, etc.

3. Mailing Address
7422 Hawks Cliff Drive
Suite, Apt. #, etc.

09112006 Chg-NP CR2E037 (4/06)

City & State
Jacksonville FL
Zip
32222
Country

City & State
Jacksonville FL
Zip
32222
Country

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARTLEY, FREDERICK D
4320 SUNBEAM RD., APT. #1207
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BARTLEY, FREDERICK D**
STREET ADDRESS **4320 SUNBEAM RD., APT. #1207**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **V** ☐ Delete
NAME **BARTLEY, THERESA T**
STREET ADDRESS **4320 SUNBEAM RD, # 1207**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **ST** ☐ Delete
NAME **SALARY, MARVA**
STREET ADDRESS **2297 EDISON AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Bartley, Frederick D.**
STREET ADDRESS **7422 Hawks Cliff Drive**
CITY-ST-ZIP **Jacksonville FL 32222**

TITLE **V** ☒ Change ☐ Addition
NAME **Bartley, Theresa T.**
STREET ADDRESS **7422 Hawks Cliff Drive**
CITY-ST-ZIP **Jacksonville, FL 32222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theresa T. Bartley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-11-06 (904) 887-1464