

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000012 (5)

1. Corporation Name

ACTION MINISTRIES PLUS, INC.



Principal Place of Business

Mailing Address

**226 N. LAURA STREET
JACKSONVILLE FL 32202
US**

**226 N LAURA STREET
JACKSONVILLE FL 32202
US**

3. Date Incorporated or Qualified
12/23/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number
59-6045472

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIDDLE, BARBARA W
1415 LA SALLE STREET
JACKSONVILLE FL 32207-3113**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE ☐ DELETE
NAME **T SEYMOUR, BOB**
STREET ADDRESS **177 GREENWOOD LANE**
CITY-ST-ZIP **MIDDLEBURG FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Funches, Pennie**
1.3 STREET ADDRESS **2948 Fitzgerald St.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32254**

TITILE ☒ DELETE
NAME **D TURNER-SHARPTON, PAT**
STREET ADDRESS **16 COLLEGE DRIVE**
CITY-ST-ZIP **ORANGE PARK FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Cornwell, Rick**
2.3 STREET ADDRESS **6007 Beach Blvd.**
2.4 CITY-ST-ZIP **Jacksonville, FL 32216**

TITILE ☐ DELETE
NAME **P BECKHAM, BOB**
STREET ADDRESS **3131 INDEPENDENT SQUARE**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITILE ☐ DELETE
NAME **VP HERRON, CHARLES**
STREET ADDRESS **795 ONTARIO STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITILE ☒ DELETE
NAME **D FIELD, NANCY**
STREET ADDRESS **1292 LARAMIE COURT**
CITY-ST-ZIP **ORANGE PARK FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITILE ☐ DELETE
NAME **S FACKLER, BILL**
STREET ADDRESS **3809 TIMUQUANA ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert E Seymour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96
Date

(904) 391-3291
Daytime Phone #

CR2E037 (12/95)