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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US226 N LAURA STREET
JACKSONVILLE FL 32202-3502
US3. Date Incorporated or Qualified
12/23/19923a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6045472

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

Hill, Teresa

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

1415 La Salle St.

83

84 City

Jacksonville

FL

85 Zip Code

32207-3113

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

Teresa L. Hill

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☒ DELETE
NAME SEYMOUR, BOB
STREET ADDRESS 177 GREENWOOD LANE
CITY-ST-ZIP MIDDLEBURG FLTITLE D ☐ DELETE
NAME CORNWELL, RICK
STREET ADDRESS 6007 BCH BLVD.
CITY-ST-ZIP JACKSONVILLE FLTITLE P ☒ DELETE
NAME BECKHAM, BOB
STREET ADDRESS 3131 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FLTITLE VP ☒ DELETE
NAME HERRON, CHARLES
STREET ADDRESS 795 ONTARIO STREET
CITY-ST-ZIP JACKSONVILLE FLTITLE D ☐ DELETE
NAME FUNCHES, PENNIE
STREET ADDRESS 2948 FITZGERALD ST.
CITY-ST-ZIP JACKSONVILLE FLTITLE S ☐ DELETE
NAME FACKLER, BILL
STREET ADDRESS 3809 TIMUQUANA ROAD
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME Peavy, John
1.3 STREET ADDRESS 5103 Damascus Rd./ Jacksonville, FL 32207
1.4 CITY-ST-ZIP2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Bob Beckham
2.3 STREET ADDRESS 50 N. Laura St.
2.4 CITY-ST-ZIP Jacksonville, FL 322023.1 TITLE P ☐ Change ☒ Addition
3.2 NAME Godwin, Helen
3.3 STREET ADDRESS 1126 Brookwood Rd.
3.4 CITY-ST-ZIP Jacksonville, FL 322074.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME Stallard, Gene
4.3 STREET ADDRESS 10535 Dodd Rd./ Jacksonville, FL 32218
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda C. Standifer Executive Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda C. Standifer 1-30-97 356 550 (904)

CR2E037 (9/96)