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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90011 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000000012			
1. Corporation Name ACTION MINISTRIES PLUS, INC.			
Principal Place of Business 226 N. LAURA STREET JACKSONVILLE FL 32202 US		Mailing Address 226 N LAURA STREET JACKSONVILLE FL 32202 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/23/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6045472	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HILL, TERESA 1415 LA SALLE ST 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 Teresa L. Hill Teresa L. Hill 1-15-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE T <input type="checkbox"/> DELETE NAME PEAVY, JOHN STREET ADDRESS 5103 DAMASCUS RD CITY-ST-ZIP JACKSONVILLE FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME CORNWELL, RICK STREET ADDRESS 6007 BCH BLVD. CITY-ST-ZIP JACKSONVILLE FL				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Secretary Mary Webster 2.3 STREET ADDRESS 3533 Hibiscus 2.4 CITY-ST-ZIP Jacksonville, FL 32254			
TITLE D <input type="checkbox"/> DELETE NAME TUCKER, CHARLES STREET ADDRESS 1942 TIMACAU TRAIL CITY-ST-ZIP MIDDLEBURG FL 32068				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE Director <input checked="" type="checkbox"/> DELETE NAME GODWIN, HELEN STREET ADDRESS 1126 BROOKWOOD RD CITY-ST-ZIP JACKSONVILLE FL				4.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME President Gene Stallard 4.3 STREET ADDRESS 10535 Dodd Rd 4.4 CITY-ST-ZIP Jacksonville, FL 32218			
TITLE D <input type="checkbox"/> DELETE NAME FUNCHES, PENNIE STREET ADDRESS 2948 FITEGERALD ST. CITY-ST-ZIP JACKSONVILLE FL				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE Vice President <input type="checkbox"/> DELETE NAME FACKLER, BILL STREET ADDRESS 3809 TIMUQUANA ROAD CITY-ST-ZIP JACKSONVILLE FL				6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Vice President Bill Fackler 6.3 STREET ADDRESS 3809 Timuquana Rd 6.4 CITY-ST-ZIP Jacksonville FL 32210			

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (Eye Pin) 1-7-99 9043505801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)