

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. N93000000012

1. Entity Name

ACTION MINISTRIES PLUS, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90102 036 ****61.25

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
26 East 2nd Street

3. Mailing Address
26 East 2nd Street

Suite, Apt. #, etc.
-0-

Suite, Apt. #, etc.
-0-

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32206

Country
Duval

Zip
32206

Country
Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6045472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HILL, TERESA
1415 LA SALLE ST
JACKSONVILLE FL 32207-3113

7. Name and Address of New Registered Agent
Name: THOMAS SHAVER
Street Address (P.O. Box Number is Not Acceptable): 1415 LA SALLE ST.
City: JACKSONVILLE FL Zip Code: 32207-3113

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PEAVY, JOHN	
STREET ADDRESS	5103 DAMASCUS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORNWELL, RICK	
STREET ADDRESS	6007 BCH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, CHARLES	
STREET ADDRESS	1942 TIMACAU TRAIL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STALLARD, GENE	
STREET ADDRESS	10535 DODD ROAD	
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	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FACKLER, BILL	
STREET ADDRESS	3809 TIMUQUANA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN PENNEY	
STREET ADDRESS	2149 HUNTS FORD RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOT HUMPHREY	
STREET ADDRESS	7073 COTILLON RD. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	MARY WEBSTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3533 Hibiscus St.	
STREET ADDRESS	JACKSONVILLE FL 32256	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL FACKLER	
STREET ADDRESS	3809 TIMUQUANA RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

12. 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 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: Richard E. Spearman, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/2000 904-356-5501
Date Daytime Phone #

CR2E037 (5/00)