

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000012

1. Entity Name

ACTION MINISTRIES PLUS, INC.

Principal Place of Business

Mailing Address

24 EAST 2ND STREET
JACKSONVILLE FL 32206
US

24 EAST 2ND STREET
JACKSONVILLE FL 32206
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6045472

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SHAHER, THOMAS

1415 LASALLE STREET

JACKSONVILLE FL 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 site if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

8. 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 P - D
NAME FACKLER, BILL
STREET ADDRESS 3809 TIMUQUANA RD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VP - D
NAME MEMORY, TOMMY
STREET ADDRESS 13750 SPANISH POINT RD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D
NAME TUCKER, CHARLES
STREET ADDRESS 1942 TIMACAU TRAIL
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE T - D
NAME HUMPHREY, DOROTHY
STREET ADDRESS 7073 COTILLON ROAD N
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D
NAME FUNCHES, PENNIE
STREET ADDRESS 2948 FITZGERALD ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE S - D
NAME WEBSTER, MARY
STREET ADDRESS 3533 HIBISCUS ST
CITY-ST-ZIP JACKSONVILLE FL 32254

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Dorothy Humphrey 01/14/02 904-356-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)