

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000012

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: ACTION MINISTRIES PLUS, INC.

## Current Principal Place of Business:

1415 LASALLE STREET  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

## Current Mailing Address:

1415 LASALLE STREET  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

FEI Number: 59-6045472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAFER, THOMAS  
1415 LASALLE STREET  
JACKSONVILLE, FL 322073113 US

## Name and Address of New Registered Agent:

NEAL, RICHARD  
1415 LASALLE STREET  
JACKSONVILLE, FL 322073113 US

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: RICHARD NEAL

04/29/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PAYNE, BILL  
Address: 14609 BARRINGER LANE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD ( ) Delete  
Name: COOPER, JOAN  
Address: 7603 COACH PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete  
Name: MILLAR, ANITA  
Address: 12744 MICANOPY LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete  
Name: PRESELEY, DOTTIE  
Address: 1180 LANE AVE N  
City-St-Zip: JACKSONVILLE, FL 32254

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COOPER, JOAN  
Address: 7603 COACH PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD (X) Change ( ) Addition  
Name: FUNCHES, PENNIE  
Address: 2948 FITZGERALD STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: CHANDLER, ANITA  
Address: 2884 WESTBERRY HIDEAWAY COURT  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA CHANDLER

SD

04/29/2004

Electronic Signature of Signing Officer or Director

Date