

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000012

FILED
May 01, 2003
Secretary of State

Entity Name: ACTION MINISTRIES PLUS, INC.

Current Principal Place of Business:

26 EAST 2ND STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

1415 LASALLE STREET
JACKSONVILLE, FL 32207 US

Current Mailing Address:

26 EAST 2ND STREET
JACKSONVILLE, FL 32206 US

New Mailing Address:

1415 LASALLE STREET
JACKSONVILLE, FL 32207 US

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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FACKLER, BILL
Address: 3809 TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD () Delete
Name: MEMORY, TOMMY
Address: 13750 SPANISH POINT RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: HUMPHREY, DOROTHY
Address: 7073 COTILLON ROAD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD () Delete
Name: WEBSTER, MARY
Address: 3533 HIBISCUS ST
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 MILLAR

TD

05/01/2003

Electronic Signature of Signing Officer or Director

Date