


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003002	
1. Entity Name ACTION MINISTRIES, INC.	

Principal Place of Business 3824 HWY 60 EAST BARTOW, FL 33830 US	Mailing Address 3824 HWY 60 EAST BARTOW, FL 33830 US
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01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3249313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMP, ANDRE 3826 SR 60 EAST BARTOW, FL 33830

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, MARLON 3557 ROSSLARE LANE LAKELAND, FL 338035214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMP, ANDRE 3826 STATE ROAD 60 EAST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMP, ANDREW SR 118 SE 8TH ST FT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CALVIN 409 3RD ST. S.W. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, PAUL 1115 GOLF VIEW BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000341230
04/29/05-80007-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andre C. Camp ANDRE C. CAMP 2/18/05 (863)534-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #