


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90034 034 \*\*\*\*70.00

<b>DOCUMENT # N94000003002</b> 1. Entity Name <b>ACTION MINISTRIES, INC.</b>					
Principal Place of Business 3824 HWY 60 EAST BARTOW, FL 33830 US			Mailing Address 3824 HWY 60 EAST BARTOW, FL 33830 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3249313</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMP, ANDRE</b> <b>3826 SR 60 EAST</b> <b>BARTOW, FL 33830</b>				7. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) <u>869 Wanamaker Avenue</u> City <u>Fort Meade</u> <u>FL</u> Zip Code <u>33841</u>	
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 <u>Andre C. Camp</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUSTIN, MARLON		NAME		
STREET ADDRESS	3557 ROSSLARE LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338035214		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMP, ANDRE		NAME		
STREET ADDRESS	3826 STATE ROAD 60 EAST		STREET ADDRESS	869 Wanamaker Avenue	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMP, ANDREW SR		NAME		
STREET ADDRESS	118 SE 8TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT MEADE, FL 33841		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CALVIN		NAME		
STREET ADDRESS	409 3RD ST. S.W.		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMER, PAUL		NAME		
STREET ADDRESS	1115 GOLF VIEW		STREET ADDRESS	1575 North Tate Avenue	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Andre C. Camp</u>			<u>ANDRE C. CAMP</u> <u>7/24/07</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		