2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400003002



FILED May 02, 2003 8:00 am § Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AUSTIN, MARLON STREET ADDRESS CITY-ST-ZIP TITLE AUSTIN, MARLON STREET ADDRESS CITY-ST-ZIP TITLE D AUSTIN, MARLON STREET ADDRESS CITY-ST-ZIP TITLE D AWSON, QUENTIN STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addi	ACTION I	MINISTRIES, INC.				05-02-2003 90373	019 ****61.	23	
Suite, Apt. #. etc. City & State	3824 HWY 60 BARTOW FL 3	EAST	3824 HWY 60 EAST BARTOW FL 33830		L IREXIIĜI GIA	TANAN BIRUK ARNIK BAKKI ARKIT ARKI	(I carac hikir aa iki a	âlila lizzi lûzi	
City & State City & State City & State City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Agadiomized \$8.	2. Principal I	Place of Business	3. Mailing Address						
Pote Applicable Potential	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. 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 Horida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. Or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. 9. Election Compagn Financing State Plant (Contribution)	City & Sta	te	City & State		4. FEI Number	59-3249313	<u> </u>		
CAMP, ANDRE 3826 SR 60 EAST BARTOW FL 33830 6. The above named entity submits this sistement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar wim, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 S. Election Campaign Financing Trust Fund Contribution. SIGNATURE D. OFFICERS AND DIRECTORS TILE NAME NAME NAME AUSTIN, MARLON STRET ADDRESS OTV-51-2P RADFORD, CUPID JR STRET ADDRESS OTV-51-2P AUSTIN, MARLON STRET ADDRESS OTV-51-2P TILE NAME AUSTIN, MARLON STRET ADDRESS OTV-51-2P TILE NAME CLARED AND LIBRORY AUSTIN, MARLON STRET ADDRESS OTV-51-2P TILE O. AUSTIN AUSTIN AUSTIN AUTICATION STRET ADDRESS OTV-51-2P TILE O. AUSTIN AU	Zip	Country	Zip	Country	5. Certificate of S	Status Desired			
CAMP, ANDRE 3826 SR 60 EAST BARTOW FL 38300 City FL Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund International Trust Fund Interna		6. Name and Address of Current	t Registered Agent		7. Name and Ad	dress of New Register	ed Agent		
SIGNATURE 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 Signature, typed or printed same of registered agent used ties if applicable. (NOTE Registered Agent signature required when remailing) DATE FILE NOW: FEE IS \$61.25 9. Election Comparign Financing Trust Fund Contribution. ITHE NAME RADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS IN 10 TITLE NAME RADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME NAME AUSTIN, MARILON SISTER ADDRESS SISTE		·		Name	•	يه مساي ه	··· =		
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NAME SIRET ADDRESS CITY-ST-ZIP BARTOW FL 33830 TITLE AUSTIN, MARLON STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803-5214 TITLE DAWSON, QUENTIN NAME DAWSON, QUENTIN NAME CAMP, ANDREW SR SIREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 TITLE D CAMP, ANDREW SR SIREET ADDRESS CITY-ST-ZIP LAKELAND FL 33841 TITLE D CAMP, ANDREW SR TITLE NAME SIREET ADDRESS CITY-ST-ZIP CAMP, STREET ADDRESS CITY-ST-ZIP TITLE D CAMP, ANDREW SR THE SE BTH ST STREET ADDRESS CITY-ST-ZIP CAMP, ANDREW SR THE SE BTH ST STREET ADDRESS CITY-ST-ZIP TITLE D CAMP, ANDREW SR THE SE BTH ST STREET ADDRESS STREET ADDRESS THE SE BTH ST STREET ADDRESS THE	SIGNATURE	Signature, typed or printed name of registered agen	9. Election Ca	ımpaign Financing	\$5.00 May Be	Make Ch	eck Payable		
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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: