
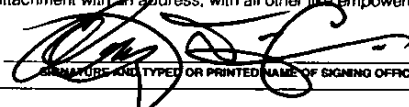


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90083 028 ****70.00

| | | | | | |
|---|----------------------------|--|--|---|--|
| DOCUMENT # N95000001307 | | | |  | |
| 1. Entity Name ACTS MINISTRIES, INC. | | | | | |
| Principal Place of Business 3150 DUNDEE RD WINTER HAVEN, FL 33882 | | | Mailing Address PO BOX 1758 WINTER HAVEN, FL 33882 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3303480 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GAY, ALONZO T SR. 3150 DUNDEE ROAD WINTER HAVEN, FL 33884 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAY, ALONZO JR | | NAME | GAY, ALONZO JR | |
| STREET ADDRESS | 3137 ANISE GROVE LN APT C | | STREET ADDRESS | 631 Spice Trader Way Apt. H | |
| CITY-ST-ZIP | ORLANDO, FL 32818 | | CITY-ST-ZIP | Orlando, FL 32818 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GAY, ALONZO JR | | NAME | Swartz, Martin JR. | |
| STREET ADDRESS | 1836 N CRYSTAL LAKE DR #71 | | STREET ADDRESS | 2514 ST. Rd. 60W. | |
| CITY-ST-ZIP | LAKELAND, FL 33801 | | CITY-ST-ZIP | Lake Wales, FL 33859 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GAY, ALONZO T SR | | NAME | Sexton, Wayne | |
| STREET ADDRESS | 3150 DUNDEE ROAD | | STREET ADDRESS | 2015 Amesbury Dr. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | | CITY-ST-ZIP | Auburndale, FL 33823 | |
| TITLE | TR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAGGARD, CATHERINE | | NAME | | |
| STREET ADDRESS | 2958 MASTERPIECE RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LK WHALES, FL 33853 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRISON, TOM | | NAME | | |
| STREET ADDRESS | 28 HIDDEN HAVOR LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DESTIN, FL 32550 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAY, SANDRA R | | NAME | | |
| STREET ADDRESS | 3150 DUNDEE RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 | | CITY-ST-ZIP | | |
| 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:  | | | 5/4/05 (813) 318-8941 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |