

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-30-2008 90218 039 \*\*\*\*61.25

FILED NO7000007887

08 JUL 14 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE

CR2E037 (10/07)

DOCUMENT # N07000007887

1. Entity Name

REACHING HEDGES AND HIGHWAYS MINISTRY INC.



Principal Place of Business

304 N.E. 15TH AVE.  
BOYNTON BEACH FL 33435

Mailing Address

304 N.E. 15TH AVE.  
BOYNTON BEACH FL 33435

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

304 N.E. 15TH AVE

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33435

FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, BETTY S.  
304 N.E. 15TH AVE.  
BOYNTON BEACH FL 33435

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

Betty S. Ward

Signature, typed or printed name of registered agent must be on 3 copies of this.

(NOTE: New Agent Signature is required when re-registering)

04/30/08

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | FP                       | <input type="checkbox"/> Delete |
| NAME           | WARD, BETTY S            |                                 |
| STREET ADDRESS | 304 N.E. 15TH AVE.       |                                 |
| CITY- ST- ZIP  | BOYNTON BEACH FL 33435   |                                 |
| TITLE          | AP                       | <input type="checkbox"/> Delete |
| NAME           | CRENSHAW, GWEN           |                                 |
| STREET ADDRESS | 10 SOUTHERN CROSS CIRCLE |                                 |
| CITY- ST- ZIP  | BOYNTON BEACH FL         |                                 |
| TITLE          | ES                       | <input type="checkbox"/> Delete |
| NAME           | WARD, CARRIE C           |                                 |
| STREET ADDRESS | 304 N.E. 15TH AVE.       |                                 |
| CITY- ST- ZIP  | BOYNTON BEACH FL 33435   |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | JONES, STACY             |                                 |
| STREET ADDRESS | 304 N.E. 15TH AVE.       |                                 |
| CITY- ST- ZIP  | BOYNTON BEACH FL 33435   |                                 |
| TITLE          | CT                       | <input type="checkbox"/> Delete |
| NAME           | WARD, JOHNNY             |                                 |
| STREET ADDRESS | 304 N.E. 15TH AVE.       |                                 |
| CITY- ST- ZIP  | BOYNTON BEACH FL 33435   |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | Photography                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tawonda Ward                  |                                                                              |
| STREET ADDRESS | 116 NW 6 Ave                  |                                                                              |
| CITY- ST- ZIP  | Boynton Beach FL 33435        |                                                                              |
| TITLE          | Attorney at Law Legal Service | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jalison Tripp                 |                                                                              |
| STREET ADDRESS | 6334 Pinecrest Drive          |                                                                              |
| CITY- ST- ZIP  | Fort Myers FL 33462           |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY- ST- ZIP  |                               |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY- ST- ZIP  |                               |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Betty S. Ward Betty S. Ward 04/30/08 (561) 734-0381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6170

Office Phone #