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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90018 040 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N16504**

1. Corporation Name

**OUTREACH FOR CHRIST MINISTRIES INC.**

1 2 4 b 8 0  
 124608-90018-40

Principal Place of Business

RT. 7, BOX 648-4  
 LAKE CITY FL 32055  
 US

Mailing Address

RT. 7, BOX 648-4  
 LAKE CITY FL 32055  
 US



2. Principal Place of Business

21 1752-1

Suite, Apt. #, etc.

22 COUNTRY CLUB RD.

City & State  
 LAKE CITY, Florida

23 Zip Country  
 32025 USA

2a. Mailing Address

26 1752-1

Suite, Apt. #, etc.

27 COUNTRY CLUB RD

City & State  
 LAKE CITY Florida

28 Zip Country  
 32025 USA

3. Date Incorporated or Qualified

08/25/1986

4. FEI Number

59-2870342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CHURCH, FRANK T  
 941 WALDRON ST  
 LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME P  
 CHURCH, FRANK  
 STREET ADDRESS 941 WALDRON ST  
 CITY-ST-ZIP LAKE CITY FL 32025

TITLE  DELETE

NAME TR  
 SMITH, GARY  
 STREET ADDRESS 1310 S.E. MAPLE ST.  
 CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE  DELETE

NAME S  
 SMITH, JOYCE A  
 STREET ADDRESS 1310 S.E. MAPLE ST.  
 CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE  DELETE

NAME TR  
 WRIGHT, ART  
 STREET ADDRESS P.O. BOX 1005  
 CITY-ST-ZIP HIGH SPRINGS FL 32655

TITLE  DELETE

NAME TR  
 HEDGER, DAVID  
 STREET ADDRESS RT. 19 BOX 1672  
 CITY-ST-ZIP LAKE CITY FL 32025

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Frank Church* **REQUIRED**

1-25-99 1904 752-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)