

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90474 038 ****61.25

DOCUMENT # N96000004389

1. Entity Name

R.G. OUTREACH MINISTRIES, INC.

Principal Place of Business

4617 10TH AVE N
 LAKE WORTH FL 33463

Mailing Address

2480 SO CONGRESS AVE., STE 111
 WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

4617 10th Ave north

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE WORTH

City & State

City & State

Fla.

Zip

Country

Zip

Country

33463

USA

4. FEI Number

31-1484921

Applied For

Not Applicable

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

GARY, RONNIE
 4802 32ND DRIVE SOUTH
 LAKE WORTH FL 33461

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME GARY, RONNIE
 STREET ADDRESS 4802 32ND DRIVE SOUTH
 CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
 NAME LOUALTER, GARY
 STREET ADDRESS 4802 32ND DR SOUTH
 CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME HAROLD, CALVIN R.
 STREET ADDRESS 2101 AUSTRALIAN AVE
 CITY-ST-ZIP W PALM BEACH FL 33407 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
 NAME SHAVON, GARY
 STREET ADDRESS 4802 32ND DR S
 CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME CRANELES, DAVID
 STREET ADDRESS 5725 CORPORATE WAY STE 210
 CITY-ST-ZIP W PALM BCH FL 33407 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)