

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

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90146 027 \*\*\*\*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

**4617 10TH AVE N  
LAKE WORTH FL 33463**

90147813

2. Principal Place of Business

**4824 32nd Dr. South**  
Suite, Apt. #, etc.

3. Mailing Address

**4824 32nd Dr. South**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

**LAKE WORTH FL**  
Zip **33461** Country **Palm Beach**

City & State

**LAKE WORTH FL**  
Zip **33461** Country **Palm Beach**

4. FEI Number **31-1484921**

Applied For  
Not Applicable

6. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *R. G. Outreach Ministries, Inc.*

**5-30-03-561-308-0854**

CR2E037 (10/02)