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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23862 (8)  
1. Corporation Name  
OUTREACH MINISTRIES, INC.



Principal Place of Business: 3412 N W 33RD ST, FT LAUDERDALE FL 33309 US  
Mailing Address: 3412 N.W. 33 RD ST. FT. LAUDERDALE FL 33309-5428

3. Date incorporated or Qualified: 12/14/1987  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 65-0111026  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 3412 N.W. 33RD ST.  
22 Suite, Apt. #, etc.  
23 City & State: Ft. Lauderdale, FL.  
24 Zip: 33309  
25 Country: *Barbados*  
26 2a. Mailing Address: *SAME*  
27 Suite, Apt. #, etc.  
28 City & State: *SAME*  
29 Zip  
30 Country

9. Name and Address of Current Registered Agent  
SINKO, JOANNE REVEREND  
3412 N.W. 33RD STREET  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: *Rev. Joanne Sinko* (NOTE: Registered Agent signature required when reinstating) DATE: 2/22/97

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PTD                    | <input type="checkbox"/> DELETE |
| NAME           | SINKO, JOANNE REVEREND |                                 |
| STREET ADDRESS | 3412 NW 33RD STREET    |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | RANNELLS, ROCHELLE     |                                 |
| STREET ADDRESS | 3412 N.W. 33 RD ST.    |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | SINKO, EDWARD          |                                 |
| STREET ADDRESS | 3412 NW 33RD STREET    |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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.

SIGNATURE: *Rev. Joanne Sinko - Corp. Pres.* 2/22/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)