

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N24820 (5)

1. Corporation Name

EVANGELICAL OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

C/O JACK WOHR  
10811 UNION DR.  
PORT RICHEY FL 34668

C/O JACK WOHR  
10811 UNION DR.  
PORT RICHEY FL 34668



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3. Date Incorporated or Qualified

02/12/1988

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O ROBERT M. RICKETSON SR.  
Suite, Apt. #, etc.

26 C/O ROBERT M. RICKETSON SR.  
Suite, Apt. #, etc.

22 8104 VALLEY STREAM LN.

27 8104 VALLEY STREAM LN.

23 BAYONET PT. FL.

28 BAYONET POINT FL.

24 34667 Country PASCO

29 34667 Country PASCO

4. FEI Number

NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOHR, JACK  
10811 UNION DR.  
PORT RICHEY FL 34668

81 Name

ROBERT M. RICKETSON SR.

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

8104 VALLEY STREAM LANE

83

84 City

BAYONET PT.

FL

85 Zip Code

34667

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

Robert M. Ricketson Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME WOHR, JACK  
STREET ADDRESS 10811 UNION DR.  
CITY-ST-ZIP PORT RICHEY FL DECEASED

TITLE STD ☒ DELETE  
NAME WOHR, DORIS R  
STREET ADDRESS 10811 UNION DR.  
CITY-ST-ZIP PORT RICHEY FL

TITLE VD ☐ DELETE  
NAME WOODRING, WILLIAM  
STREET ADDRESS 88 PARK LANE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VD ☐ DELETE  
NAME GIGHESE, NICHOLAS V  
STREET ADDRESS 12705 5TH ISLE  
CITY-ST-ZIP BAYONET POINT FL

TITLE VD ☐ DELETE  
NAME COCHRAN, WILLIAM  
STREET ADDRESS 108 HARBOR BLUFFS  
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME ROBERT M. RICKETSON SR.  
1.3 STREET ADDRESS 8104 VALLEY STREAM LN.  
1.4 CITY-ST-ZIP BAYONET PT. FL. 34667

2.1 TITLE STD ☒ Change ☐ Addition  
2.2 NAME CHARLOTTE ROTHMEIER  
2.3 STREET ADDRESS 7535 ANDREWS AVE  
2.4 CITY-ST-ZIP HUDSON FL. 34667

3.1 TITLE VTD ☐ Change ☒ Addition  
3.2 NAME HAROLD JASPER  
3.3 STREET ADDRESS 6041 CHERRY DR.  
3.4 CITY-ST-ZIP PORT RICHEY FL. 34668

4.1 TITLE VTD ☒ Change ☐ Addition  
4.2 NAME EDGAR MENCE  
4.3 STREET ADDRESS 12418 WEATHERSTONE ROW  
4.4 CITY-ST-ZIP BAYONET PT. FL. 34667

5.1 TITLE D- ☐ Change ☒ Addition  
5.2 NAME TUCKER MADEWICK  
5.3 STREET ADDRESS 4685 SO. LANDINGS DR.  
5.4 CITY-ST-ZIP FT. MEYERS FL. 33919

6.1 TITLE D- ☐ Change ☒ Addition  
6.2 NAME MARVIN MARTEN  
6.3 STREET ADDRESS 1660 PINE VALLEY DR.  
6.4 CITY-ST-ZIP FT. MEYER, FL. 33919

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert M. Ricketson Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

813-863-3151

Daytime Phone

CR2E037 (12/95)