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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24820** (5)
1. Corporation Name
EVANGELICAL OUTREACH MINISTRIES, INC.

Principal Place of Business 8104 VALLEY STREAM LANE 8104 VALLEY STREAM LANE BAYONET POINT FL 34667 US	Mailing Address EVANGELICAL BEACH P.O. BOX 5216 HUDSON FL 34674 US
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2. Principal Place of Business 21 7537 ANDREWS ST. Suite, Apt. #, etc.	2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc.
22 City & State 23 HUDSON FL.	27 City & State
24 Zip 34667	25 Country U.S.A
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**MADEWICK, TUCKER
4685 SO LANDINGS DR
SOUTH COORDINATER M
FORT MYERS FL 33919**

3. Date Incorporated or Qualified 02/12/1988
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent
81 Name **EDGAR MENCE.**
82 Street Address (P.O. Box Number is Not Acceptable)
12418 WEATHERSTONE ROW
83
84 City **BAYONET POINT 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 *Madewick Tucker* DATE **5-5-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	RICKETSON, ROBERT M SR
STREET ADDRESS	8104 VALLEY STREAM LANE
CITY-ST-ZIP	BAYONET POINT FL 34667
TITLE	VSTD <input type="checkbox"/> DELETE
NAME	ROTHMEIER, CHARLOTTE
STREET ADDRESS	7535 ANDREWS AVENUE
CITY-ST-ZIP	HUDSON FL 34667
TITLE	VD <input type="checkbox"/> DELETE
NAME	WOODRING, WILLIAM
STREET ADDRESS	86 PARK LANE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VTD <input type="checkbox"/> DELETE
NAME	JASPER, HAROLD
STREET ADDRESS	8041 CHEERS DRIVE
CITY-ST-ZIP	PORT RICHEY FL 34668
TITLE	VD <input type="checkbox"/> DELETE
NAME	COCHRAN, WILLIAM
STREET ADDRESS	108 HARBOR BLUFFS
CITY-ST-ZIP	PORT RICHEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTEN, MARVIN
STREET ADDRESS	1680 PINE VALLEY DRIVE
CITY-ST-ZIP	FORT MEYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	I → EDGAR MENCE. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	12418 WEATHERSTONE ROW.
1.3 STREET ADDRESS	BAYONET POINT FL 34667.
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	800002535158
6.3 STREET ADDRESS	-05/26/98--01046--021
6.4 CITY-ST-ZIP	***61.25

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.

SIGNATURE: *Edgar Mence* **May 11 1998 813-813-2151**

CR2E037 (10/97)