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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24820

1. Corporation Name

EVANGELICAL OUTREACH MINISTRIES, INC.

Principal Place of Business

7537 ANDREWS STREET
HUDSON FL 34667
US

Mailing Address

EVANGELICAL OUTREACH MINISTRIES
INC.
P.O. BOX 5216
HUDSON FL 34667
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/12/1988

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

9. Name and Address of Current Registered Agent

MENCE, EDGAR
12418 WEATHERSTONE ROW
BAYONET POINT FL 34667

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PTD
NAME RICKETSON, ROBERT M SR
STREET ADDRESS 8104 VALLEY STREAM LANE
CITY-ST-ZIP BAYONET POINT FL 34667

☐ DELETE

TITLE VSTD
NAME ROTHMEIER, CHARLOTTE
STREET ADDRESS 7535 ANDREWS AVENUE
CITY-ST-ZIP HUDSON FL 34667

☐ DELETE

TITLE VD
NAME WOODRING, WILLIAM
STREET ADDRESS 86 PARK LANE
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

TITLE VTD
NAME JASPER, HAROLD
STREET ADDRESS 6041 CHEERS DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

☐ DELETE

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

☐ DELETE

TITLE D
NAME MARTEN, MARVIN
STREET ADDRESS 1660 PINE VALLEY DRIVE
CITY-ST-ZIP FORT MEYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)