

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004152 (4)**

1. Corporation Name

DISCIPLE OUTREACH MINISTRIES, INC.



Principal Place of Business 4565 BLUEPINE CIRCLE LAKE WORTH FL 33463		Mailing Address 4565 BLUEPINE CIRCLE LAKE WORTH FL 33463		3. Date Incorporated or Qualified 08/23/1994	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0572815	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOMMER, HARVEY 3450 NORTHLAKE BLVD. SW 105 PALM BEACH GARDENS FL 33403		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	1.2 NAME	
STREET ADDRESS	DIAS, ARLINDO	1.3 STREET ADDRESS	
CITY - ST - ZIP	4565 BLUEPINE CIRCLE LAKE WORTH FL 33463	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	2.2 NAME	
STREET ADDRESS	DIAS, CATHERINE	2.3 STREET ADDRESS	
CITY - ST - ZIP	4565 BLUEPINE CIRCLE LAKE WORTH FL 33463	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	
STREET ADDRESS	DAVIS, JERRY	3.3 STREET ADDRESS	
CITY - ST - ZIP	16711 E. RAYBURN DR. CONROE TX 77302	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	DAVIS, MALINDA	4.3 STREET ADDRESS	
CITY - ST - ZIP	16711 E. RAYBURN DR. CONROE TX 77302	4.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS	5.2 NAME	AS
STREET ADDRESS	DONAHUE, WILLIAM	5.3 STREET ADDRESS	GLENDIA RAMBO
CITY - ST - ZIP	616 N.E. 9TH AVE. BOYNTON BEACH FL 33435	5.4 CITY - ST - ZIP	P.O. BOX 16534 WEST PALM BEACH, FL 33416
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	6401 DRYDEN CT.
STREET ADDRESS		6.3 STREET ADDRESS	LANTANA, FL 33462
CITY - ST - ZIP		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.

SIGNATURE:

[Signature] REQUIRED

1/15/97

CR2E037 (10/97)