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Jun 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001043**

1. Corporation Name

*ReACHING The Unreached Through The  
Word and Prayer, Corp.*

Principal Place of Business

Mailing Address

*19120 N.W. Miami Ct.  
Miami, FL 33169*

*P.O. Box 694754  
Miami, FL 33269*

2. Principal Place of Business

2a. Mailing Address

*21 19120 N.W. Miami Ct.*

*26 P.O. Box 694754*

*22 N/A*

*27 Suite, Apt. #, etc. N/A*

*23 N/A*

*27 City & State*

*23 Miami, FL*

*28 Miami, Florida*

*24 33169*

*25 U.S.A.*

*29 33269*

*30 U.S.A.*

9. Name and Address of Current Registered Agent

*Mrs. Mavis Duggan  
19120 N.W. Miami Court,  
Miami, Florida 33169*

3. Date Incorporated or Qualified

*06-06-95*

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

*Not Applicable*

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

*Mavis Duggan*

*Not Applicable*

*4-20-98*

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE *SANDRA BARRETT* ☐ DELETE  
NAME *DIRECTOR*  
STREET ADDRESS *3460 N.W. 20th ST.*  
CITY-ST-ZIP *Miami, FL 33056*

TITLE *DIRECTOR* ☐ DELETE  
NAME *DONNETTE DUGGAN (P)*  
STREET ADDRESS *3616 SW 68th Lane*  
CITY-ST-ZIP *MIRAMAR, FL 33023*

TITLE *DIRECTOR* ☐ DELETE  
NAME *Ishbel Duggan*  
STREET ADDRESS *3616 SW 68th Lane*  
CITY-ST-ZIP *Miramir, FL 33023*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP *Not Applicable*

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

*Mavis Duggan*

*4/20/98*

Daytime Phone #

*(305) 652-6373*

CR2E037 (10/97)