


FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004961 (7)**

1. Corporation Name

REACH OUT MINISTRIES, INC.



Principal Place of Business 2003 CASA LINDA COURT TALLAHASSEE FL 32303	Mailing Address POST OFFICE BOX 3329 TALLAHASSEE FL 32315-3329
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3. Date Incorporated or Qualified 10/19/1995	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 4525 NW CAMP CIRCLE	2a. Mailing Address 26 PO BOX 3329
22 Suite, Apt. #, etc. 5-19	27 Suite, Apt. #, etc.
23 City & State TALL FLA	28 City & State TALL FLA
24 Zip 32303	25 Country
29 Zip 323	30 Country

4. FEI Number 59-3342317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCGILVARY, MIKE 2003 CASA LINDA COURT TALLAHASSEE FL 32303	
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10. Name and Address of New Registered Agent	
81 Name SAME	
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 **MIKE MCGILVARY** DATE **4-8-97**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME MCGILVARY, MIKE	
STREET ADDRESS 2003 CASA LINDA COURT	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME BOSWELL, DON	
STREET ADDRESS 2023 BYINGTON CIRCLE	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME MCGILVARY, VANESSA	
STREET ADDRESS 2003 CASA LINDA COURT	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME BOSWELL, NORA	
STREET ADDRESS 2023 BYINGTON CIRCLE	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME VANESSA MCGILVARY	
2.3 STREET ADDRESS 2003 CASA LINDA CT	
2.4 CITY-ST-ZIP TALL FLA-32303	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME VANESSA MCGILVARY	
3.3 STREET ADDRESS 2003 CASA LINDA CT	
3.4 CITY-ST-ZIP TALL FLA 32303	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME TEVIECCA ANDREWS	
4.3 STREET ADDRESS 1344 BRONOUGH ST	
4.4 CITY-ST-ZIP TALL FLA-32301	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)