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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 14 1998 8:00am  
Secretary of State

DOCUMENT # N95000004961 (7)

1. Corporation Name

REACH OUT MINISTRIES, INC.



Principal Place of Business

Mailing Address

4525 NW CAP CIRCLE  
J-19  
TALLAHASSEE FL 32303  
US

P O BOX 3329  
TALLAHASSEE FL 32303  
US

3. Date Incorporated or Qualified

10/19/1995

4. FEI Number

59-3342317

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGILVARY, MIKE  
2003 CASA LINDA COURT  
TALLAHASSEE FL 32303

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
MCGILVARY, MIKE  
STREET ADDRESS 2003 CASA LINDA COURT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME VD  
MCGILVARY, VANESSA  
STREET ADDRESS 2003 CASA LINDA CT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME SD  
MCGILVARY, VANESSA  
STREET ADDRESS 2003 CASA LINDA COURT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ DELETE

NAME TD  
ANDREWS, TEVIECA  
STREET ADDRESS 1344 BRONOUGH ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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

Mike McGilvary 5-1-98 5621178

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