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May 05 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N96000000085 (8)**

1. Corporation Name

**REACH MINISTRIES, INC.**

Principal Place of Business

**1985 STACEY DRIVE  
MT DORA FL 32757**

Mailing Address

**1985 STACEY DRIVE  
MT DORA FL 32757-9456**

3. Date Incorporated or Qualified  
**01/02/1996**

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-3350780**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SIELING, JAMES H  
1985 STACEY DRIVE  
MT DORA FL 32757**

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

TITLE ☐ DELETE

**P  
NAME  
SIELING, JAMES H  
STREET ADDRESS  
1985 STACEY DRIVE  
CITY - ST - ZIP  
MT DORA FL 32757**

TITLE ☐ DELETE

**V  
NAME  
MILLER, RUSSELL  
STREET ADDRESS  
1985 STACEY DRIVE  
CITY - ST - ZIP  
MT DORA FL 32757**

TITLE ☐ DELETE

**ST  
NAME  
HEIL, SALLY  
STREET ADDRESS  
1985 STACEY DRIVE  
CITY - ST - ZIP  
MT DORA FL 32757**

TITLE ☐ DELETE

**D  
NAME  
SPEEGLE, ALLEN  
STREET ADDRESS  
1985 STACEY DRIVE  
CITY - ST - ZIP  
MT DORA FL 32757**

TITLE ☐ DELETE

**D  
NAME  
HARSHBARGER, JEFF  
STREET ADDRESS  
1985 STACEY DRIVE  
CITY - ST - ZIP  
MT DORA FL 32757**

TITLE ☐ DELETE

**D  
NAME  
WHITWORTH, ROBERT  
STREET ADDRESS  
1985 STACEY DRIVE  
CITY - ST - ZIP  
MT DORA FL 32757**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

CR2E037 (9/96)