2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600000085

REACH MINISTRIES, INC.

Mailing Address Principal Place of Business 1985 STACEY DRIVE 925 E ALFRED ST MT DORA FL 32757-9456 TAVARES FL 32778

2. Principal Place of Business 3. Mailing Address

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90141 023 ****70.00



Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
			-	<u></u>						andiad Car	7
City & State			City & State	City & State			4. FEI Number 59-3350780			Applied For Not Applicable	
Zip	Zip Country		Zip	Country		5. Certificate	rtificate of Status Decired \$8.			75 Additional	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	egistered Ag	ent		1
			_		Name		-	-			7
					Street Address (P.O. Box Number is Not Acceptable)						
sieling, j						of the contract of the contrac					
1985 STAC											
MT DORA	FL 32757					City Zip				Code	
						<u>FL</u>			,		
8. The above	named entity	submits this statement	for the purpose of changing	its registere	ed office or	registered agent, or bot	h, in the state of Flor	ida.			
SIGNATURE.	Signature, typed	or printed name of registered age	nt and title if applicable. (N	OTE: Registere	d Agent signatur	e required when reinstating)		DATE			
	15 (34.5×× 34	4 Lat 1									\dashv
	**************************************		9 Floation Campa	9. Election Campaign Financing			00 May Be Make Check Payable to			Δ.	
₹ ' FILE NOW: FEE IS \$61.25			Trust Fund Cont		'''g 🔲	\$5.00 May Be Added to Fees Department of St				U	1
	FEE 13	\$01.23				7.0000 10 7 000		artmont c	0.0.0		
10.		OFFICERS AND D	DIRECTORS	11.			ANGES TO OFFICER	RS AND DIRE	CTORS I	N 10]_
TITLE	Ρ .		☐ Delete	TITLE	E	DIRECTOR	24- 5-00		☐ Change	12 Addition	Į g
NAME	SIELING, J			NAM	E /	DAVID FREA 915 E. ALFR	CKING STOE	ĖŦ			16
STREET ADDRESS	1985 STAC	CEY DRIVE			ET ADDRESS	915 CITLER	ED OLVE	2 <i>d</i>			3
CITY-ST-ZIP	MT DORA FL 32757			CITY-S		PAVARES,	FL 327	<u> </u>			- 6
TITLE	D	Delete		TITLE	E				☐ Change	☐ Addition	2
NAME	BAIN, WALLY		NAM								
STREET ADDRESS		E LOUISE DRIVE		STRE							
CITY-ST-ZIP	EUSTIS FL 32726		<u> </u>	CITY-S							\dashv
TITLE			TITLE					☐ 'Change	☐ Addition	-	
NAME STREET ADDRESS	COL, MICL		NAM	ET ADDRESS							
CITY-ST-ZIP	l				-ST-ZIP						
	MT DORA D	FL 32/3/	☐ Delete	TITLI			<u> </u>		Change	Addition	7
TITLE NAME	DUNCAN,	MICHAEL	₩ Deitle	NAM							
STREET ADDRESS		VE PARK ROAD			ET ADDRESS						
CITY-ST-ZIP	TAVARES			CITY	-ST-ZIP						1
TITLE	V		☐ Delete	TITLE	E				☐ Change	Addition	7
NAME	-			NAM	E						
STREET ADDRESS	621 LAKE DORA DRIVE				ET ADDRESS						
CITY-ST-ZIP	TAVARES			CITY	-ST-ZIP						\rfloor
TITLE	T		☐ Delete	TITL	Ε				☐ Change	☐ Addition	
NAME	HEIL, SALI			NAM							
STREET ADDRESS		CEY DRIVE			ET ADDRESS						
CITY-ST-ZIP MT DORA FL 32757					-ST-ZIP						4
49 Lharabur		a information cumplied wi	ith this filing does not qualify	for the eve	motion etate	vd in Section 110 07/31/	 Elorida Statutac I 	further certif	withat the	information	- 1

In nereby certify that the information supplied with this tilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.