
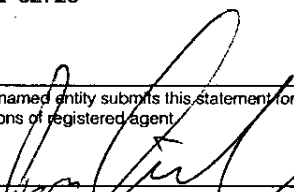
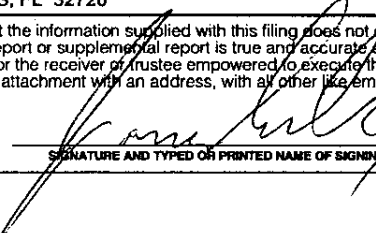


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90677 005 ****70.00

DOCUMENT # N96000000085					
1. Entity Name REACH MINISTRIES, INC.					
Principal Place of Business 117 S CENTER ST EUSTIS, FL 32726			Mailing Address 117 S CENTER ST EUSTIS, FL 32726		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3350780	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIELING, JAMES H 117 S CENTER ST EUSTIS, FL 32726			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		James Sieling Ex. Director		DATE 4/28/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIELING, JAMES H		NAME	Tom Hofmeister	
STREET ADDRESS	117 S CENTER ST		STREET ADDRESS	117 S. Center St	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	V	<input type="checkbox"/> Delete	TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIELING, VENORAH		NAME	MIKE JOHNSON	
STREET ADDRESS	117 S CENTER ST		STREET ADDRESS	117 S. Center St.	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIL, SALLY		NAME	ED HARGROVES	
STREET ADDRESS	117 S CENTER ST		STREET ADDRESS	117 S CENTER ST.	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIN, WALLY		NAME	Bill Schmidt	
STREET ADDRESS	117 S CENTER ST		STREET ADDRESS	117 S. Center St	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	BMD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODFRIED, MIM		NAME	michelle maddy	
STREET ADDRESS	117 S CENTER ST		STREET ADDRESS	117 S. Center St	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANDSEN, MICHAEL		NAME	Paul Searcy	
STREET ADDRESS	117 S CENTER ST		STREET ADDRESS	117 S. Center St	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	EUSTIS, FL 32726	
12. 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 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.					
SIGNATURE: 		James Sieling		DATE 4/28/04 352-357	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 2401	