

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

4/2.

04-24-2003 90237 032 ****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

Zip

Country

Zip

Country

4. FEI Number **59-3350780**

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SIELING, JAMES H
117 S CENTER ST
EUSTIS FL 32726**

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 Seling

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete
NAME **SIELING, JAMES H**
STREET ADDRESS **117 S CENTER ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **BOARD MEMBER D** ☐ Change ☒ Addition
NAME **MIM GOTTFRIED**
STREET ADDRESS **117 S. CENTER ST**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **V** ☐ Delete
NAME **SIELING, VENORAH**
STREET ADDRESS **117 S CENTER ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **BOARD MEMBER D** ☐ Change ☒ Addition
NAME **Bill Schmidt**
STREET ADDRESS **117 S. CENTER ST**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **TS** ☐ Delete
NAME **HEIL, SALLY**
STREET ADDRESS **117 S CENTER ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **BOARD MEMBER D** ☐ Change ☒ Addition
NAME **SANDY-PETTIT**
STREET ADDRESS **117 S. CENTER ST**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **C** ☐ Delete
NAME **BAIN, WALLY**
STREET ADDRESS **117 S CENTER ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **BOARD MEMBER D** ☐ Change ☒ Addition
NAME **GARY ENSIGN**
STREET ADDRESS **117 S. CENTER ST**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **D** ☒ Delete
NAME **BOB, THEO**
STREET ADDRESS **117 S CENTER ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **BOARD MEMBER D** ☐ Change ☒ Addition
NAME **HARRY HARRIS**
STREET ADDRESS **117 S. CENTER ST**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **D** ☐ Delete
NAME **FRANDSEN, MICHAEL**
STREET ADDRESS **117 S CENTER ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *SACUAGHETIE REQU*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

Daytime Phone #

352-357-2401

CR2E037 (10/02)