2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 8:00 am Secretary of State DOCUMENT, # N96000004389 1. Entity Name 03-15-2006 90101 025 ****61.25 R.G. OUTREACH MINISTRIES, INC. Principal Place of Business Mailing Address PO BOX 5618 LAKE WORTH FL 33466-5618 PO BOX 5618 LAKE WORTH FL 33466-5618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FELNumber 31-1484921 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARY, RONNIE Street Address (P.O. Box Number is Not Acceptable) 4802 32ND DRIVE SOUTH LAKE WORTH FL 33461 City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition GARY, RONNIE NAME NAME 4802 32ND DRIVE SOUTH STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-ZIF CITY-ST-ZIP VΤ ☐ Delete TITLE Change Change ☐ Addition LOUALTER, GARY NAME 4802 32ND DR SOUTH STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SHAVON, GARY NAME STREET ADDRESS 4802 32ND DR S STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33461 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition CRANELES, DAVID STREET ADDRESS | 5700 LAKE WORTH RD STE V06 STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP City-St-7iP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 tegal 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:

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