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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001464 (3)**

1. Corporation Name

ROGER REACHES OUT MINISTRIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 444
HOLDER FL 34445-0444

P.O. BOX 444
HOLDER FL 34445-0444

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3441984

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAPP, ROGER J
3527 LAZY RIVER DR
DUNNELLON FL 34434

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS LAPP, ROGER J
CITY-ST-ZIP 3527 LAZY RIVER DR
DUNNELLON FL 34434

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME DIRECTOR
1.3 STREET ADDRESS DENVER SHEPHERD
1.4 CITY-ST-ZIP 1700 PALMETTO WAY
DUNNELLON FL 34433

TITLE ☐ DELETE
NAME D
STREET ADDRESS LAPP, MARK F
CITY-ST-ZIP 2154 LINDA LN
LUTZ FL 33549

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME DR. ALBERT PEREZ
2.3 STREET ADDRESS 7100 COTTON PT.
2.4 CITY-ST-ZIP HERNAUNDO, FL 34445

TITLE ☐ DELETE
NAME D
STREET ADDRESS LAPP, JUDITH B
CITY-ST-ZIP 3527 LAZY RIVER
DUNNELLON FL 34434

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME DR. LON BEAN ODOM
3.3 STREET ADDRESS 9153 SW 91ST AVE.
3.4 CITY-ST-ZIP OCALA, FL 34481

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME DR. STAN STEWARD
4.3 STREET ADDRESS 9324 N. EMMAN BLVD
4.4 CITY-ST-ZIP CITRUS SPRING, FL 34433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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] President

1/15/98 352
344-8379

CR2E037 (10/97)