


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90050 038 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000001464</b>					
1. Corporation Name <b>ROGER REACHES OUT MINISTRIES, INC.</b>					
Principal Place of Business P.O. BOX 444 HOLDER FL 34445-0444			Mailing Address P.O. BOX 444 HOLDER FL 34445-0444		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/17/1997 4. FEI Number 59-3441984 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent LAPP, ROGER J 3527 LAZY RIVER DR DUNNELLON FL 34434				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3527 EAST LAZY RIVER DR 83 84 City FL 85 Zip Code			
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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	D	<input type="checkbox"/> DELETE		1.1 TITLE	STEWART, STAN, REV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAPP, ROGER J			1.2 NAME	3544 E. WILACOCHEE TRAIL		
STREET ADDRESS	3527 LAZY RIVER DR			1.3 STREET ADDRESS	DUNNELLON, FL. 34434		
CITY-ST-ZIP	DUNNELLON FL 34434			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAPP, MARK F			2.2 NAME			
STREET ADDRESS	2154 LINDA LN			2.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAPP, JUDITH B			3.2 NAME	3527 E. LAZY RIVER DR		
STREET ADDRESS	3527 LAZY RIER			3.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34434			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEFFIELD, DENVER			4.2 NAME			
STREET ADDRESS	12001 PALMETTO WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34433			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, ALBERT			5.2 NAME			
STREET ADDRESS	7100 CROTON PT			5.3 STREET ADDRESS			
CITY-ST-ZIP	HERNANDO FL 34445			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODOM, LOU JEAN			6.2 NAME			
STREET ADDRESS	9152 SW 91 CIR			6.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34481			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, with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED 2/9/99

352-344-8379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)