

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001464

1. Entity Name

ROGER REACHES OUT MINISTRIES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90049 018 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P.O. BOX 444  
HOLDER FL 34445-0444

P.O. BOX 444  
HOLDER FL 34445-0444

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

59-3441984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPP, ROGER J  
3527 EAST LAZY RIVER DRIVE  
DUNNELLON FL 34434

Name

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

City

FL

Zip Code

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.

SIGNATURE

ROGER J. LAPP

ROGER J. LAPP 4/15/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D  
NAME REV. TOM ELKINS  
STREET ADDRESS 487 RED BUD LANE  
CITY-ST-ZIP BOSTIC, N.C. 28018 ☐ Change ☒ Addition

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

TITLE D  
NAME ELKINS, LINDA  
STREET ADDRESS 487 RED BUD LANE  
CITY-ST-ZIP BOSTIC, N.C. 28018 ☐ Change ☒ Addition

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

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

TITLE D  
NAME SHEFFIELD, DENVER  
STREET ADDRESS 12001 PALMETTO WAY  
CITY-ST-ZIP DUNNELLON FL 34433 ☐ Delete

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

TITLE D  
NAME PERRY, ALBERT  
STREET ADDRESS 7100 CROTON PT  
CITY-ST-ZIP HERNANDO FL 34445 ☐ Delete

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

TITLE D  
NAME ODOM, LOU JEAN  
STREET ADDRESS 9152 SW 91 CIR  
CITY-ST-ZIP Ocala FL 34481 ☐ Delete

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

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:

ROGER J. LAPP, President

march 24, 2000 352-344-8379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)