

DOCUMENT # N97000001464

1. Entity Name

ROGER REACHES OUT MINISTRIES, INC.

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

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, REV. THOMAS ELKINS  
1115 SO. BROADWAY  
FOREST CITY, NC 28043 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, LINDA ELKINS  
1115 SO. BROADWAY  
FOREST CITY, NC 28043 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
352-344-8319  
1/2/2001

Date

Daytime Phone #

CR2E037 (10/00)

00793

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90012 001 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE