

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90043 004 ****70.00

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1. Entity Name

ROGER REACHES OUT MINISTRIES, INC.



Principal Place of Business

3527 E. LAZY RIVER DR.
DUNNELLON FL 34434

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LAPP, ROGER J	
STREET ADDRESS	3527 LAZY RIVER DR	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LAPP, MARK F	
STREET ADDRESS	2154 LINDA LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LAPP, JUDITH B	
STREET ADDRESS	3527 EAST LAZY RIVER DRIVE	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEFFIELD, DENVER	
STREET ADDRESS	12001 PALMETTO WAY	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input type="checkbox"/> Delete
NAME	LICK, DOLORES	
STREET ADDRESS	2828 W. CENTURY BLVD.	
CITY-ST-ZIP	UTRNIS SPRINGS FL 34434	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, LINDA	
STREET ADDRESS	1115 S BROADWAY	
CITY-ST-ZIP	FOREST CITY NC 28043	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	3 REV. THOMAS ELKINS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	1115 S. BROADWAY		
STREET ADDRESS	FOREST CITY, NC 28043		
CITY-ST-ZIP			
TITLE	0 JULIO FONSECA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	12175 N. ELK CAM BLVD		
STREET ADDRESS	DUNNELLON, FL 34433		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

Date

Daytime Phone #

President 1/28/2005 344-8379