

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90089 002 ****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

ADDRESS CHANGE DUE TO HURRICANES

2. Principal Place of Business

5510 S. STONERIDGE DR.

3. Mailing Address

5510 S. STONERIDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34450

Country

USA

Zip

34450

Country

USA

1st MOORE

CR2E037 (10/05)

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

NEW ADDRESS

Name

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

5510 S. STONERIDGE DR.

City

INVERNESS

FL

Zip Code

34450

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, 2006

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	2454 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	UTRIS 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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. THOMAS ELKINS	
STREET ADDRESS	1115 S. BROADWAY	
CITY-ST-ZIP	FOREST CITY NC 28043	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIO FONSECA	
STREET ADDRESS	12175 N. ELK CREEK BLVD.	
CITY-ST-ZIP	DUNNELLON, FL 34433	
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		
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 exemptions contained in Section 119, 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

ROGER J. LAPP

1/25/06