2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001464

FILED Mar 16, 2009 Secretary of State

Entity Name: ROGER REACHES OUT MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 5510 S. STONE RIDGE DR. INVERNESS, FL 34450 **Current Mailing Address: New Mailing Address:** P.O. BOX 444 HOLDER, FL 344450444 FEI Number: 59-3441984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAPP, ROGER J 5510 S STONE RIDGE DR INVERNESS, FL 34450 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPT () Delete () Change () Addition LAPP, ROGER J Name: Name: 5510 S. STONERIDGE DR Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: Title: DV Title: () Delete DV (X) Change () Addition LAPP, MARK F Name: LAPP, MARK F Name: Address: 2154 LINDA LN Address: P.O. BOX 713 City-St-Zip: LA BELLE, FL 33549 City-St-Zip: LA BELLE, FL 33975 Title: DS () Delete Title: () Change () Addition LAPP, JUDITH B Name: Name: 5510 S. STONE RIDGE DR. Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHEFFIELD, DENVER Name: Address: 12001 PALMETTO WAY Address: City-St-Zip: DUNNELLON, FL 34433 City-St-Zip: Title: () Delete Title: (X) Change () Addition LICK, DOLORES ELKINS, TOM Name: Name: 2828 W. CENTURY BLVD. 1000 BLANTON ST. Address: Address: City-St-Zip: UTRNIS SPRINGS, FL 34434 City-St-Zip: SHELBY, NC 28150 Title: () Delete Title: (X) Change () Addition ELKINS, LINDA ELKINS, LINDA Name: Name: Address: 487 RED BUD LANE Address: 1000 BLANTON ST. BOSTIC, NC 28018 SHELBY, NC 28150 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER LAPP PRES 03/16/2009