

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90008 013 ****61.25

DOCUMENT # N97000003865

1. Corporation Name

REACHOUT MINISTRIES OF FAITH INC.

Principal Place of Business

SHONEYS INN
1308 NORTH 14TH ST.
LEESBURG FL 34748

Mailing Address

P.O. BOX 491532
LEESBURG FL 34749



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	514 E. Main St	26	P.O. Box 491532	07/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0310100	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Leesburg, FLA	Leesburg, FLA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	34748	25	USA	29	34749
30	USA				

9. Name and Address of Current Registered Agent

HOLLOWAY JAMISON, SHIRLEY
1118 NORTH BLVD. EAST
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Shirley Holloway Jamison

(NOTE: Registered Agent signature required when reinstating)

DATE

8/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY JAMISON, SHIRLEY	1.2 NAME	
STREET ADDRESS	1118 NORTH BLVD. EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARJORIE H	2.2 NAME	
STREET ADDRESS	1118 NORTH BLVD. EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERKINS, ANNETTE M	3.2 NAME	
STREET ADDRESS	1118 NORTH BLVD. EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONER, FRANCHETTA	4.2 NAME	
STREET ADDRESS	1118 NORTH BLVD. EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, CHAUNA C	5.2 NAME	
STREET ADDRESS	1118 NORTH BLVD. EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Holloway Jamison

Daytime Phone

8/16/99

CR2E037 (5/99)