

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90014 003 ****61.25

0076588

DOCUMENT # P34586

1. Corporation Name

REEL TO REAL MINISTRIES, INC.

Principal Place of Business

1909 FOX QUARRY CIRCLE
CANTONMENT FL 32533
US

Mailing Address

1909 FOX QUARRY CIRCLE
CANTONMENT FL 32533
US



2. Principal Place of Business

21 **1925 Fox Quarry**

2a. Mailing Address

26 **1925 Fox Quarry**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Same**

28 **Same**

24 Zip **11** Country

29 Zip **11** Country

25

30

3. Date Incorporated or Qualified

04/23/1991

4. FEI Number

54-1365314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOLMBERG, ERIC
1909 FOX QUARRY CIRCLE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HOLMBERG, ERIC**
STREET ADDRESS **1909 FOX QUARRY CIR.**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **VD** ☐ DELETE

NAME **FITZGERALD, ROBERT**
STREET ADDRESS **420 W 21ST ST.**
CITY-ST-ZIP **KEARNEY NE 68847**

TITLE **S** ☐ DELETE

NAME **HOLMBERG, RONDA**
STREET ADDRESS **5722 WILLIAMSBURG**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **T** ☐ DELETE

NAME **BRADY, CLARK**
STREET ADDRESS **5722 WILLIAMSBURG DR.**
CITY-ST-ZIP **NORCROSS GA 30093**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

VICE PRESIDENT - SUPPORT
John Hoxevar
809 Village Trails
GATES MILLS, OH 44040

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/1999 850-968-6380

CR2E037 (11/98)