2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N04000006293

Entity Name: JUST REACH OUT AND READ, INC.

Current Principal Place of Business:

134 S WOODS DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

134 S WOODS DR
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-1313271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S HARBOR CITY BLVD
STE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Title: PSTD ( ) Delete
Name: STOCKETT, MARY ELLEN MD
Address: 134 S WOODS DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: ECKHOFF, DAWN O CPNP
Address: 134 S WOODS DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: ALLISON, KAREN
Address: 134 S WOODS DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: NGUYEN, NGO
Address: 134 S WOODS DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: BOROWSKI, A. JAN MD
Address: 134 S WOODS DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: SAPP, DEBBIE
Address: 134 S WOODS DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DEBBIE SAPP D 04/07/2009
Electronic Signature of Signing Officer or Director — Date