## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006078

Entity Name: REACH OUT SPEAK OUT INC.

**FILED** Feb 10, 2025 **Secretary of State** 2231722004CC

## **Current Principal Place of Business:**

1501 DOYLE CARLTON DRIVE 208 1501 DOYLE CARLTON DRIVE, TAMPA, FL, USA TAMPA, FL 33602

## **Current Mailing Address:**

P O BOX 4979

TAMPA, FL 33677 US

FEI Number: 47-1630804 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PORTER, JAN 1501 DOYLE CARLTON DRIVE 208 1501 DOYLE CARLTON DRIVE, TAMPA, FL, USA TAMPA, FL 33602 US

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: JAN PORTER 02/10/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title M

PORTER, JAN SULLIVAN, ELIZABETH Name Name

1501 DOYLE CARLTON DRIVE 8633 ALEXANDRA ARBOR LANE Address Address

208 1501 DOYLE CARLTON DRIVE, City-State-Zip: TEMPLE TERRACE FL 33637 TAMPA, FL, USA

City-State-Zip: TAMPA FL 33602

Title NΛ

Name SIMPSON, BETH Title D

503 COTTAGE LANE PORTER, JAN Address Name

City-State-Zip: BRANDON FL 33510 1501 DOYLE CARLTON DRIVE Address

208 1501 DOYLE CARLTON DRIVE,

TAMPA, FL, USA

18965 JORDAN TRAIL

City-State-Zip: TAMPA FL 33602

Title

Address

GILLEY, HEATHER Name

**OFFICER** 

City-State-Zip: LAKEVILLE MN 55044

I hereby 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 all other like empowered.

02/10/2025 SIGNATURE: JAN PORTER **FOUNDER**