

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006078

Entity Name: REACH OUT SPEAK OUT INC.**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

02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	PORTER, JAN
Address	1501 DOYLE CARLTON DRIVE 208 1501 DOYLE CARLTON DRIVE, TAMPA, FL, USA
City-State-Zip:	TAMPA FL 33602

Title	D
Name	PORTER, JAN
Address	1501 DOYLE CARLTON DRIVE 208 1501 DOYLE CARLTON DRIVE, TAMPA, FL, USA
City-State-Zip:	TAMPA FL 33602

Title	OFFICER
Name	GILLEY, HEATHER
Address	18965 JORDAN TRAIL
City-State-Zip:	LAKEVILLE MN 55044

Title	M
Name	SULLIVAN, ELIZABETH
Address	8633 ALEXANDRA ARBOR LANE
City-State-Zip:	TEMPLE TERRACE FL 33637
Title	M
Name	SIMPSON, BETH
Address	503 COTTAGE LANE
City-State-Zip:	BRANDON FL 33510

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.

SIGNATURE: JAN PORTER

FOUNDER

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date