2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 08:00 AM Secretary of State

DOCUMENT # 725538 1. Entity Name REACH OUT, INC.						Secr	etary of	State
3034 ROCKINGHAM CIRCLE 30		Mailing Address 3034 ROCKINGHAM CIF ORLANDO, FL 32808	34 ROCKINGHAM CIRCLE					
2. Principal i	Place of Business	3. Mailing Address	ing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 _{CI}	hg-NP (CR2E037 (10/03))	
City & State		City & State			4. FEI Number 23-740635	66		Applied For Not Applicable
Zip	Country	Zip	ip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
MILHAM, JULEE LYNN Redacted 119 F.S. ST. PETERSBURG, FL			5	Street Address (P.O. Box Number is Not Acceptable)				
SI.PEIE	RSBURG, FL				***			
8. The above named entity submits this statement for the purpose of changing its registe				City	FL Zip Code			
the obligations of registered agent. SIGNATURE								
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Trust Fund Contrib					\$5.00 May Be Added to Fees		check payable Department of S	
TITLE	OFFICERS AND DIR	ECTORS Delete	11.	A	DDITIONS/CHANG	ES TO OFFICERS		
NAME STREET AUDITESS CITY-ST-ZIP	MILHAM, RICHARD J. 3034 ROCKINGHAM CIRCLE ORLANDO, FL 32808	L. Detete	NAME STREET AS CITY-ST-	ſ			Change	☐ Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MILHAM, PEGGY B. 3034 ROCKINGHAM CIRCLE ORLANDO, FL 32808	ROCKINGHAM CIRCLE STRE		DORESS ZIP	U00000181374 ^{□ Change} □ Addition 01/14/05-80047-004 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISSOM, ALBERT E. 2049 VAN BUREN ST. WILMINGTON, NC 28401	☐ Delete	TITLE NAME STREET AD CITY-ST-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		□ Delete	TITLE NAME STREET AC CITY-ST-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AC CITY- ST-	ſ			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AU CITY-ST-	į.			Change	☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Daylors Prons #								