## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 08, 2007 08:00 AM Secretary of State

		IN	NIT	#	725	53	Ω
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1. Entity Name REACH OUT, INC.



Principal Place of Business

3034 ROCKINGHAM CIRCLE ORLANDO, FL 32808

Mailing Address

3034 ROCKINGHAM CIRCLE ORLANDO, FL 32808



01042007 No Chg-NP

CR2E037 (4/06)

Applied For 4. FEI Number 23-7406356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILHAM, JULEE LYNN Redacted 119 F.S. ST. PETERSBURG, FL

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement from sof registered agent.	or the purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
0.0.0	Signature, typed or printed name of registered agen	and title if applicable (NOTE Registered	Agent signature	e required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000578987 01/09/07-80051-014 61.25	
10. OFFICERS AND DIRECTORS				<del></del>		
TITLE	PD		İ			
NAME	MILHAM, RICHARD J.					
STREET ADDRESS	DRESS 3034 ROCKINGHAM CIRCLE					
CITY-ST-ZIP	ORIANDO EL 32808	i	ı			

## DO NOT WRITE

MILHAM, PEGGY B. STREET ADDRESS 3034 ROCKINGHAM CIRCLE CITY-ST-ZIP ORLANDO, FL 32808 TUTLE GRISSOM, ALBERT E. STREET ADORESS 3034 ROCKINGHAM CIR CITY-ST-ZIP ORLANDO, FL 32808 IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME

NATURE AND DIPED OR PRINTED NAME OF SIGN OFFICER OR DIRECTOR