

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

06-27-2002 90523 038 \*\*\*\*61.25

DOCUMENT # *N00000002774*

1. Entity Name

REACH FOR THE TOP, INC.

**DO NOT WRITE IN THIS SPACE**

**B0126011**

2. Principal Place of Business

3. Mailing Address

6635 W. Commercial Blvd.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

Same

City & State

City & State

Tamarac FL

Same

Country

Country

Zip 33319

USA

Zip

SAME

4. FEI Number

651018122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kisha Howard

Street Address (P.O. Box Number is Not Acceptable)

2034 Belmont Lane

City

Fort Lauderdale

FL

Zip Code

33068

8. 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

*Kisha Howard*

Kisha Howard (954) 922-7024

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Executive Director, President  
Kisha Howard  
6635 W. Commercial Blvd.  
Tamarac, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Chair/Director  
Rev. Wylie Howard, Sr.  
6920 NW 44th Terrace  
Lauderhill, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Wylie Howard, Jr.  
1600 NE 4th Ave.  
Ft. Lauderdale, FL 33305

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Rev. Mark Lyons  
400 NW 9th Ave.  
Ft. Lauderdale, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Dr. Edwina Coleman  
3050 NW 41st Street  
Lauderdale Lakes, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Shazaad Ahmed, Esq.  
6440 NW 53rd Street  
Lauderhill, FL 33310

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kisha Howard*

Date

6/29/02 954-722-7024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037B (12/01)

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Attachment  
B0186011

DOCUMENT # N00000002774

1. Entity Name

Additional Board Members

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President/Director  
Mark Henderson  
6635 W. Commercial Blvd.  
Tamarac, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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SIGNATURE

Kisha Howard 6/20/02 954-722-7020

CR2E037B (12/01)

6635 West Commercial Blvd. Suite 111  
Tamarac, Florida 33319  
Office: (954) 722-7024  
Fax: (954) 722-5519

*Attachment  
R# 140000000272  
B0124011*

**Reach for the Top, Inc.**

"Building Our Future Leaders of Tomorrow"

# Memo

**To:** Division of Corporations Annual Reports Section  
**From:** Kisha Howard, President  
**CC:** Rev. Wylie Howard, Chairman of the Board  
**Date:** 6/20/02  
**Re:** Annual Business Report

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Due to an incomplete application, our check was returned with the application forms. Enclosed are the completed forms. If you have any question you may contact me at (954) 722-7024.

Thank you for your cooperation