

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90031 013 ****61.25

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|---|--|---|--|--|---|--|
| DOCUMENT # N00000003398 1. Entity Name PEOPLE REACHING OUT, INC. | | | | | | |
| Principal Place of Business 14070 E J PAIGE ROAD SANDERSON, FL 32087 | | | Mailing Address 14070 E J PAIGE ROAD SANDERSON, FL 32087 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3636761 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| LEWIS, JOANN H 14070 E J PAIGE ROAD SANDERSON, FL 32087 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| | | Make check payable to Florida Department of State | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div> | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CHERRY, GLEN 556 TIMBERLANE DRIVE MACCLENNY, FL 32063 | | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ishmael Bentz 6807 NW 37th Place Gainesville, FL 32653 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEWIS, LEONARD E PO BOX 262 SANDERSON, FL 32087 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ernest Folston, Jr. 7220 N.W. 128th Place Alachua, FL 32616 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILLIAM, SYLVIA PO BOX 32 SANDERSON, FL 32087 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WALLACE, ALMEDA PO BOX 368 SANDERSON, FL 32087 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEWIS, JOANN H 14070 E J PAIGE ROAD SANDERSON, FL 32087 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FADLEY, JEFFERY JD 809 SOUTH EAST 15TH STREET OKEECHOBEE, FL 34974 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | |
| SIGNATURE: <i>Ernest Folston, Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 8-26-05 904-868-1239 <small>Date Daytime Phone #</small> | | |