

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 029 ****61.25

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.

04262006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3636761

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **RENTZ, ISHMAEL**
STREET ADDRESS **6807 NW 37TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **D** ☐ Change ☒ Addition
NAME **FOLSTON, ERNEST JR.**
STREET ADDRESS **7220 N. W. 128TH PLACE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE **PD** ☐ Delete
NAME **LEWIS, LEONARD E**
STREET ADDRESS **PO BOX 262**
CITY-ST-ZIP **SANDERSON, FL 32087**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WILLIAM, SYLVIA**
STREET ADDRESS **PO BOX 32**
CITY-ST-ZIP **SANDERSON, FL 32087**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **WALLACE, ALMEDA**
STREET ADDRESS **PO BOX 368**
CITY-ST-ZIP **SANDERSON, FL 32087**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LEWIS, JOANN H**
STREET ADDRESS **14070 E J PAIGE ROAD**
CITY-ST-ZIP **SANDERSON, FL 32087**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FADLEY, JEFFERY JD**
STREET ADDRESS **809 SOUTH EAST 15TH STREET**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Change ☐ Addition
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: Leonard E. Lewis LEONARD E. LEWIS

4-26-06 904-868-1939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #