

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007420

FILED  
Jul 13, 2009  
Secretary of State

**Entity Name:** REACHING UNTO THE PEOPLE, INC.

**Current Principal Place of Business:**

350 W 16TH WAY  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

350 W 16TH WAY  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 65-1059679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BRYANT, IRA  
350 W 16TH WAY  
RIVIERA BEACH, FL 33404      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BRYANT, IRA  
Address: 350 W 16TH WAY  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D      ( ) Delete  
Name: LAW, LIVINGSTON  
Address: 512 DATE PALM DRIVE  
City-St-Zip: LAKE PARK, FL 33403

Title: D      ( ) Delete  
Name: HINES, BRENDA  
Address: 635 38TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA BRYANT

D

07/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date