

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003317

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: R.E.A.C.H. FOUNDATION, INC.

**Current Principal Place of Business:**

421 N PALAFOX STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

421 N PALAFOX STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 59-3715363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARFOUCHE, CHRISTIAN  
421 N PALAFOX STREET  
PENSACOLA, FL 32501 US

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

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: P ( ) Delete  
Name: HARFOUXHE, CHRISTIAN  
Address: 421 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: ST ( ) Delete  
Name: HARFOUCHE, ROBIN  
Address: 421 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32501

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

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 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: DR. CHRISTIAN HARFOUCHE(SIGNED FOR BY CML)

PRES

03/14/2007

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

\_\_\_\_\_  
Date