# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 10, 2007**
**Secretary of State**

DOCUMENT# N02000002587

**Entity Name:** OPERATION REACH OUT, INCORPORATED

**Current Principal Place of Business:**

2019 W CHURCH STREET
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540205
ORLANDO, FL 32854

**New Mailing Address:**

**FEI Number: 04-3664732** **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:**

ROBINSON, SYLVESTER
1910 BLACK LAKE
WINTER GARDEN, FL 34787 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: DP ( ) Delete
Name: ROBINSON, SYLVESTER
Address: 1910 BLACK LAKE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DV ( ) Delete
Name: ROBINSON, CYNTHIA
Address: 1910 BLACK LAKE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: RAYNER, KELVIN
Address: 2019 W. CHURCH STREET
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: BARRINGTON, MICHAEL
Address: 2035 W JACKSON STREET
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: BALDWIN, ALLEN
Address: 2514 PERRINE LANE
City-St-Zip: ORLANDO, FL 32805

Title: DP ( ) Delete
Name: CRICHLOW, ROBERTO
Address: 8617 E. COLONIAL AVE
City-St-Zip: ORLANDO, FL 32824 US

**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:

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: SYLVESTER ROBINSON PD 05/10/2007

Electronic Signature of Signing Officer or Director — Date