

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002587

FILED  
May 08, 2012  
Secretary of State

**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 ( )**

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

ROBINSON, SYLVESTER  
314 LARGOVISTA DRIVE  
OAKLAND, 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  
Name: ROBINSON, SYLVESTER  
Address: 314 LARGOVISTA DRIVE  
City-St-Zip: OAKLAND, FL 34787

Title: DV  
Name: ROBINSON, CYNTHIA  
Address: 314 LARGOVISTA DRIVE  
City-St-Zip: OAKLAND, FL 34787

Title: D  
Name: STOVER, JOHN  
Address: 1800 S. KIRKMAN ROAD  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: CRICLOW, ROBERTO  
Address: 2020 PINE STREET  
City-St-Zip: ORLANDO, FL 32805

Title: D  
Name: NORMAN, HENRY  
Address: 2019 W. CHURCH STREET  
City-St-Zip: ORLANDO, FL 32805

I hereby 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 all other like empowered.

SIGNATURE: SYLVESTER ROBINSON

DP

05/08/2012

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

\_\_\_\_\_  
Date