

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008494

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** REACH FOR THE STARS FOUNDATION, INC.

**Current Principal Place of Business:**

16876 N.E. 19 AVE.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16876 N.E. 19 AVE.  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 65-1083573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAITHWAITE, SYLVESTER R DR.  
16876 N.E. 19 AVE.  
NORTH MIAMI BEACH, FL 33162 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:** CEO  
**Name:** BRAITHWAITE, SYLVESTER DR.  
**Address:** 16876 N.E. 19 AVE.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** PD  
**Name:** BRAITHWAITE, SYLVESTER DR.  
**Address:** 16876 N.E. 19 AVE.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** VD  
**Name:** FINNEY, GLENN  
**Address:** 16876 N.E. 19 AVE.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** STD  
**Name:** BRAITHWAITE, BRIAN  
**Address:** 3101 S. OCEAN DR  
**City-St-Zip:** HOLLYWOOD, FL 33019

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 BRAITHWAITE

DR

01/06/2010

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

\_\_\_\_\_  
Date