2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2004
Secretary of State

DOCUMENT# N03000003217

Entity Name: REACHOUT EVERGLADES AND COPS ASSOCIATION INC.

Current Principal Place of Business:

P.O.BOX 894
CHOKOLOSKEE, FL 341389998

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 894
CHOKOLOSKEE, FL 341389998

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADWALLADER, RAYBURN
1090 EGRETS WALK CIR
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

STROBEL, SHEILAH
PO BOX 894
CHOKOLOSKEE, FL 34138 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: SHEILAH STROBEL 02/15/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS ( ) Change (X) Addition
Name: STROBEL, SHEILAH TREAS
Address: 1150 HAMILTON LANE
City-St-Zip: CHOKOLOSKEE, FL 34138 US

Title: MS ( ) Change (X) Addition
Name: AMMERMAN, CHRISTINE PRES
Address: 145 LOPEZ LANE
City-St-Zip: CHOKOLOSKEE, FL 34138 US

Title: MS ( ) Change (X) Addition
Name: BRYAN, HELEN VP
Address: 169 N. LOPEZ LANE
City-St-Zip: CHOKOLOSKEE, FL 34138 US

Title: MS ( ) Change (X) Addition
Name: AUSTIN, CHELLE SEC
Address: 1150 HAMILTON LANE
City-St-Zip: CHOKOLOSKEE, FL 34138 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHEILAH STROBEL TREA 02/15/2004
Electronic Signature of Signing Officer or Director Date