


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90193 047 ****61.25

DOCUMENT # N03000003217	
1. Entity Name REACHOUT EVERGLADES AND COPS ASSOCIATION INC.	

Principal Place of Business P.O. BOX 894 CHOKOLOSKEE, FL 34138-9998	Mailing Address P.O. BOX 894 CHOKOLOSKEE, FL 34138-9998
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3471628

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent STROBEL, SHEILAH 195 SMALLWOOD DRIVE CHOKOLOSKEE, FL 34138	
--	--

7. Name and Address of New Registered Agent Name ELAINE MIDDELSTAEDT Street Address (P.O. Box Number is Not Acceptable) 410 S. STORTER AV City EVERGLADES CITY FL Zip Code 34139	
---	--

8. 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. I am familiar with, and accept the obligations of registered agent.	SIGNATURE <i>Elaine Middelstaedt</i> Elaine Middelstaedt DATE 4/20/06
---	---

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS STROBEL, SHEILAH TREAS 1150 HAMILTON LANE CHOKOLOSKEE, FL 34138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D BRETON, APRILA 310 S. STORTER AV EVERGLADES CITY, FL 34139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS AMMERMAN, CHRISTINE PRES 145 LOPEZ LANE CHOKOLOSKEE, FL 34138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS BRYAN, HELEN VP 169 N. LOPEZ LANE CHOKOLOSKEE, FL 34138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS AUSTIN, CHELLE SEC 1150 HAMILTON LANE CHOKOLOSKEE, FL 34138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARTEENY, LISA 135 FLICKER LANE, PO BOX 57 EVERGLADES CITY, FL 34139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MIDDELSTAEDT ELAINE 410 S. STORTER AV, PO BOX 277 EVERGLADES CITY, FL 34139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Elaine Middelstaedt</i> Elaine Middelstaedt DATE 4/20/06 239-695-2695
