2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2012
Secretary of State

DOCUMENT# N03000003217

Entity Name: REACHOUT EVERGLADES AND COPS ASSOCIATION INC.

Current Principal Place of Business:

203 BUCKNER AVENUE
EVERGLADES CITY, FL 34139 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 894
CHOKOLOSKEE, FL 34138 US

New Mailing Address:

FEI Number: 59-3471628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDELSTAEDT, ELAINE
410 S. STORTER AVE
EVERGLADES CITY, FL 34139 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: PD
Name: FOSS, CAROL
Address: 607 BUCKNER AVE N
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: VD
Name: BRYAN, HELEN
Address: 169 N. LOPEZ LANE
City-St-Zip: CHOKOLOSKEE, FL 34138 US

Title: TD
Name: MIDDELSTAEDT, ELAINE
Address: 410 S. STORTER AVE, PO BOX 277
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: D
Name: JOINER, DOROTHY
Address: 825 S COPELAND AVE #1
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: SD
Name: MITCHELL, ANNE
Address: 73 W FLAMINGO DRIVE
City-St-Zip: EVERGLADES CITY, FL 34139

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: ELAINE MIDDELSTAEDT TD 01/17/2012

Electronic Signature of Signing Officer or Director Date