

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006293

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: JUST REACH OUT AND READ, INC.

## Current Principal Place of Business:

134 S WOODS DR  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

134 S WOODS DR  
ROCKLEDGE, FL 32955

## New Mailing Address:

FEI Number: 20-1313271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK  
930 S HARBOR CITY BLVD  
STE 505  
MELBOURNE, FL 32901 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: PSTD ( ) Delete  
Name: STOCKETT, MARY ELLEN MD  
Address: 134 S WOODS DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: ECKHOFF, DAWN O CPNP  
Address: 134 S WOODS DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: ALLISON, KAREN  
Address: 134 S WOODS DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: NGUYEN, NGO  
Address: 134 S WOODS DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: BOROWSKI, A. JAN MD  
Address: 134 S WOODS DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: SAPP, DEBBIE  
Address: 134 S WOODS DR  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DEBORAH SAPP

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date