

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 049 ****70.00

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1. Entity Name
COMMUNITIES REACHING OUT, INC.



Principal Place of Business

**2429 1ST STREET
FORT MYERS, FL 33901**

**9321 Water Lily Ct. 704
Fort Myers FL 33919**

Mailing Address

**2429 1ST STREET
FORT MYERS, FL 33901**

Fort Myers FL 33919

9321 Water Lily Ct 704 40014376



01232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1242772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAINT-SOMMER, JUDITH
2429 1ST STREET 9321 Water Lily Ct. 704
FORT MYERS, FL 33901 Fort Myers FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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

Judith Saint Sommer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SAINT-SOMMER, JUDITH
9321 WATER LILY CT #704
FT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DEGENNERO, FANNIE
9321 WATER LILY COURT 702
FT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SAINT-SOMMER, DAVID
9321 WATER LILY CT 704
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
LIGUZINSKI, LAURIE
2577 FIRST STREET
FT MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HESSE, ERNEST
12 NAUTILUS COURT
FT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
ANCEFSKY, CATHY
13131 UNIVERSITY DRIVE
FT MYERS, FL 33907**

**DO NOT WRITE
IN THIS SPACE**

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

Judith Saint Sommer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08 8239-481-8034
Date Daytime Phone #