## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007102

FILED Jan 16, 2009 Secretary of State

Entity Name: REACH OUT AND READ FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:
SUITE 505	TH STREET 5 BEACH, FL 33483	
Current Mailing Address:		New Mailing Address:
SUITE 505	TH STREET 5 BEACH, FL 33483	
FEI Number	: 20-3136582 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	l Address of Current Registered Agent	t: Name and Address of New Registered Agent:
SUITE 505 DELRAY E The above	BEACH, FL 33483 US	the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	CHR () Delete SANDERS, LEE DR. 1601 N.W. 12TH AVENUE, SUITE 4063 MIAMI, FL 33136 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VCHR () Delete KOSTRUB, DARLENE 551 S.E. 8TH STREET, SUITE 505 DELRAY BEACH, FL 33483 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TREA ( ) Delete WERK, LLOYD DR. 496 SOUTH DELANEY AVENUE, SUITE 408 ORLANDO, FL 32801 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SECY () Delete DABROW, SHARON DR. 17 DAVIS BLVD C/O USF PEDIATRICS TAMPA, FL 33606 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	MBR ( ) Delete DOMINGUEZ, SONYA MD ST. VINCENTS 2627 RIVERSIDE AVE JACKSONVILLE, FL 32204	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN SIMS ED 01/16/2009