

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009813 1. Entity Name REACH & TEACH: BIBLE STUDY CLUB INC	
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Principal Place of Business 2522 W DIANA ST TAMPA, FL 33614	Mailing Address 2522 W DIANA ST TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3718774	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	D VARGAS, MAYRA 2622 W DIANA ST TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, GRETTEL LAURA 2522 W DIANA ST TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AVILA, ANGIE 2522 W DIANA ST TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAVEZ, OLGA LUCIA 2522 W DIANA ST TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/03/07-80013-008 70.00

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: Mayra Vargas 04/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #