## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90031 010 \*\*\*\*61.25

DOCU	JMEN1	Γ#	NO	511	22

1. Corporation Name

HIS LOVE REACHING, INC.

Principal Place of Business
C/O GEORGE A. RUBIN 2400 ARDEN DRIVE
SARASOTA FL 34232

Mailing Address

C/O GEORGE A. RUBIN 2400 ARDEN DRIVE SARASOTA FL 34232



2.	Principal Place of Business 2a. Mailing Address		Date Incorporated or Qualifed					
21		26			. 09/17/1984			
	Suite, Apt. #, etc.	$\top$	Suite, Apt. #, etc.		4: FEI Number Applied For			
22		27			- 59-2466063 Not Applicable			
23	City & State	28	City & State		5. Certifcate of Status Desired   \$8.75 Additional Fee Required			
24	Zip Country	29	Zip Count	try	7 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				B1	1 Name '			
RUBIN, GEORGE A. 2400 ARDEN DRIVE SARASOTA FL 34232		82	2 Street Address (P.O. Box Number is Not Acceptable)					
		В3	3					
			[8	34	4 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. I am ramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE	Stgnature, typed or printed name of registered agent and title if applic	cable. (NOTE: Ro	egistered Agent signature r	equired when reinstating)	DATI				
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CH/	ANGES TO OFFICERS	AND DIRECTOR	RS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition		
NAME	RUBIN, GEORGE A.		1.2 NAME						
STREET ADDRESS	2400 ARDEN DR.		1.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP						
TITLE	VTD	☐ DELETE	2.1 TITLE	,		☐ Change	☐ Addition		
NAME	RUBIN, NANCY M.		2.2 NAME				i		
STREET ADDRESS			2.3 STREET ADDRESS	İ					
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP						
TITLE	SD	☐ DELETÉ	3.1 TITLE	···		☐ Change	☐ Addition		
NAME	OSORNIO, LANA G.		3.2 NAME				,		
STREET ADDRESS	2400 ARDEN DR.		3.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP						
TITLE	D	DELETE	4.1 TITLE	Brankley 1801 N	Richard	Change	☐ Addition		
NAME	BRANTLEY, RICHARD L		4. 2 NAME	Brun ILLY	oc Kwood	ridge Pa	1		
STREET ADDRESS	4000 S. TAMIAMI TRAIL, STE. 250B		4.3 STREET ADDRESS	1801 10 -		, -			
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Sarasota	F/ 342	39			
πile		DELETE	5.1 TITLE	•		Change	☐ Addition		
NAME		ļ	5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	•		☐ Change	☐ Addition		
NAME	•		6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY, ST. 710			6.4 CITY-ST-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: