

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002963

FILED
Apr 11, 2007
Secretary of State

Entity Name: REACH UP FOUNDATION, INC.

Current Principal Place of Business:

10500 UNIVERSITY CENTER DRIVE
SUITE 100
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

10500 UNIVERSITY CENTER DRIVE
SUITE 100
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 20-8685541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, ESTRELLITA
10500 UNIVERSITY CENTER DRIVE
SUITE 100
TAMPA, FL 33612 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: T () Delete
Name: SHEARED, RHONDA M
Address: 1908 BUGLE LANE
City-St-Zip: CLEARWATER, FL 33764 US

Title: T () Delete
Name: FRANCE, DARLA
Address: 11704 LIPSEY ROAD
City-St-Zip: TAMPA, FL 33618 US

Title: T () Delete
Name: DANIELS, MARQUITA M
Address: 3707 E. CRENSHAW STREET
City-St-Zip: TAMPA, FL 33604 US

Title: T () Delete
Name: BOLT, TODD
Address: 19046 BRUCE B. DOWNS, SUITE 312
City-St-Zip: TAMPA, FL 33647 US

Title: T () Delete
Name: LOCKETT, MARION DR.
Address: 4221 W. SPRUCE STREET, UNIT 2120
City-St-Zip: TAMPA, FL 33607 US

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:

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: TODD BOLT

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date