## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002963

Entity Name: REACH UP FOUNDATION, INC.

FILED Jul 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10500 UNIVERSITY CENTER DRIVE SUITE 100 TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 10500 UNIVERSITY CENTER DRIVE SUITE 100 TAMPA, FL 33612 US FEI Number: 20-8685541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERRY, ESTRELLITA 10500 ÚNIVERSITY CENTER DRIVE SUITE 100 TAMPA, FL 33612 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SHEARED, RHONDA M SHEARED, RHONDA M Name: Name: 1908 BUGLE LANE Address: 2960 ROOSEVELT BOULEVARD Address: City-St-Zip: CLEARWATER, FL 33764 US City-St-Zip: CLEARWATER, FL 33760 US Title: ( ) Delete Title: (X) Change ( ) Addition FRANCE, DARLA Name: MORRISON-RODRIGUEZ, BARBARA DR. Name: Address: 11704 LIPSEY ROAD Address: 16703 BLENHEIM DRIVE City-St-Zip: TAMPA, FL 33618 US City-St-Zip: LUTZ, FL 33549 US Title: () Delete Title: (X) Change ( ) Addition DANIELS, MARQUITA M Name: SCOTT, SHAKA ESQ. Name: 3707 E. CRENSHAW STREET 100 NORTH TAMPA STREET Address: Address: City-St-Zip: TAMPA, FL 33604 US City-St-Zip: TAMPA, FL 33602 US ( ) Delete Title: Title: (X) Change ( ) Addition Name: BOLT, TODD Name: LOCKETT, MARION DR. 19046 BRUCE B. DOWNS, SUITE 312 Address: Address: 4205 FAIRWAY CIRCLE City-St-Zip: TAMPA, FL 33647 US City-St-Zip: TAMPA, FL 33618 US Title: (X) Delete Title: () Change () Addition LOCKETT, MARION DR. Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ESTRELLITA BERRY MRS. 07/15/2008

4221 W. SPRUCE STREET, UNIT 2120

TAMPA, FL 33607 US

Address:

City-St-Zip: