

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004768

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** URBAN REACH OF FLORIDA, INC

**Current Principal Place of Business:**

2847 FOWLER STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2841 FOWLER STREET  
FORT MYERS, FL 33901

**New Mailing Address:**

6923 OLD WHISKEY CREEK DR  
FORT MYERS, FL 33919

FEI Number: 45-2247059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

URSHAN, NATHANIEL A II  
6923 OLD WHISKEY CREEK DRIVE  
FORT MYERS, FL 33919 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: CED  
Name: URSHAN, NATHANIEL A II  
Address: 6923 OLD WHISKEY CREEK DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: LEWIS, NATHANIEL  
Address: 41 BECKER DR  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S/T  
Name: HYPPOLITE, SHERLINE  
Address: 2911 POWELL STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: LEWIS, CHRISTINA  
Address: 41 BECKER DR  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D  
Name: POMPLIANO, ROBERT  
Address: 6862 CANDLEWOOD DRIVE  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: NATHANIEL A. URSHAN II

CED

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date