

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000724 (6)**

1. Corporation Name

REACH INC. OF LAKE WALES



Principal Place of Business

**315 N WALKER ST
LAKE WALES FL 33853
US**

Mailing Address

**P.O. BOX 1662
LAKE WALES FL 33859
US**

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

59-3174433

Applied For

Not Applicable

2. Principal Place of Business

21 315 N. WALKER ST.

Suite, Apt. #, etc.

22

City & State

23 LAKE WALES, FLORIDA

Zip

Country

24 33853

25 POLK

2a. Mailing Address

26 P.O. BOX 1662

Suite, Apt. #, etc.

27

City & State

28 LAKE WALES, FLORIDA

Zip

Country

29 33859

30 POLK

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, JACKIE
315 NORTH WALKER STREET
LAKE WALES FL 33853**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **JACKSON, JACKIE**
STREET ADDRESS **18 JOHNSON AVE**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **V** ☒ DELETE

NAME **NANCIS, BERNARD**
STREET ADDRESS **415 EAST AVE**
CITY-ST-ZIP **BARTOW FL**

TITLE **ST** ☒ DELETE

NAME **CARLTON, LATRYNA**
STREET ADDRESS **255 AVE A**
CITY-ST-ZIP **WAVERLY FL**

TITLE **D** ☐ DELETE

NAME **ROBINSON, VENEDA**
STREET ADDRESS **207 NORTH SIDE DR.**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ DELETE

NAME **TANT, KRIS**
STREET ADDRESS **1440 LAKEVIEW RD.**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ DELETE

NAME **CARLTON, LARRY**
STREET ADDRESS **255 AVE A**
CITY-ST-ZIP **WAVERLY FL 33877-0024**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition

1.2 NAME **JACKIE JACKSON**
1.3 STREET ADDRESS **18 JOHNSON AVE.**
1.4 CITY-ST-ZIP **LAKE WALES, FLA. 33853**

2.1 TITLE **V** ☐ Change ☐ Addition

2.2 NAME **BLANCHIE BROWN**
2.3 STREET ADDRESS **615 Booker Ave.**
2.4 CITY-ST-ZIP **Lake Wales, Fla. 33853**

3.1 TITLE **S/T/D** ☐ Change ☐ Addition

3.2 NAME **VENEDA ROBINSON**
3.3 STREET ADDRESS **207 North Side Drive**
3.4 CITY-ST-ZIP **Lake Wales, Fla. 33853**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Jonathan Freeman**
4.3 STREET ADDRESS **420 5th Street**
4.4 CITY-ST-ZIP **Lake Wales, Florida 33853**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **John W. Hughes**
5.3 STREET ADDRESS **18 Johnson Ave.**
5.4 CITY-ST-ZIP **Lake Wales, Fla. 33853**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Domica L. Bridges**
6.3 STREET ADDRESS **30 "B" Street**
6.4 CITY-ST-ZIP **Lake Wales, Fla. 33853**

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.

CR2E037 (10/97)