

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90070 044 ****70.00

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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 33853
US



2. Principal Place of Business

21 315 N. WALKER ST.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 1662

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

59-3174433

Applied For

Not Applicable

City & State

23 LAKE WALES, FLORIDA

Zip Country

24 33853

25 POLK

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

9. Name and Address of Current Registered Agent

JACKSON, JACKIE
315 NORTH WALKER STREET
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

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 33853

TITLE V ☒ DELETE

NAME BROWN, BLANCHIE
STREET ADDRESS 615 BOOKER AVE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE STD ☐ DELETE

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

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 JOHN W. HUGHES
2.3 STREET ADDRESS 18 JOHNSON 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, Fla. 33853

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME Domica L. Bridges
5.3 STREET ADDRESS 30 "B" Street
5.4 CITY-ST-ZIP Lake Wales, Fla. 33853

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Leola Holmes
6.3 STREET ADDRESS 605 S. 3rd. Street Apt. 39
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)