

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90014 004 ****70.00

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1. Entity 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

315 N WALKER ST. LAKE WALES, FL 33853
 MARTIN LUTHER KING JR BLVD.
 54016547



2. Principal Place of Business
 315 N DR. M. L. KING, JR. BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. BOX 1662
 Suite, Apt. #, etc.

02232004 Chg-NP CR2E037 (10/03)

City & State
 LAKE WALES, FLORIDA

City & State
 LAKE WALES, FLORIDA

Zip
 33853

Country
 POLK

Zip
 LAKE WALES, FLORIDA

Country

4. FEI Number
 59-3174433

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JACKSON, JACKIE
 315 NORTH WALKER STREET
 LAKE WALES, FL 33853

7. Name and Address of New Registered Agent
 Name
 SAME REGISTERED AGENT
 Street Address (P.O. Box Number is Not Acceptable)
 315 N. DR. MARTIN LUTHER KING, JR. BLVD.
 City
 LAKE WALES FL Zip Code
 33853

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, JACKIE 18 JOHNSON AVE LAKE WALES, FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, VENEDA 207 NORTHSIDE DR. LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOBLEY, NELLIE ANN 620 JACKSON AVE. LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MAXINE 504 S. 4TH STREET LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, DOMICA L 30 'B' STREET LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ESTELLE 135-A SUNRISE LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SIMON ROBERSON 118 W. NORTHSIDE DRIVE LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MARY JUANITA HAYES 848 SHERWOOD DRIVE LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JANICE J. McCLAIN 502 GREENBROUGH DRIVE LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIANA JIMENEZ 818 HILLSIDE AVE. LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEX WHEELER 868 TARTAN LOOP LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARRELL POOLE 2775 TIGER CREEK TRAIL LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jackie Jackson Jackie Jackson* 3-8-04 618-3901 (863)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #