

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N92000000724</b> 1. Entity Name <b>REACH INC. OF LAKE WALES</b>			
Principal Place of Business <b>315 N WALKER ST.</b> <b>LAKE WALES, FL 33853 US</b>		Mailing Address <b>P.O. BOX 1662</b> <b>LAKE WALES, FL 33859 US</b>	
2. Principal Place of Business <b>315 N DR. M.L. KING, JR. BLVD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 1662</b> Suite, Apt. #, etc.	
City & State <b>LAKE WALES, FLORIDA</b>		City & State <b>LAKE WALES, FLORIDA</b>	
Zip <b>33853</b>	Country <b>POLK</b>	Zip <b>33853</b>	Country <b>FL</b>
4. FEI Number <b>59-3174433</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JACKSON, JACKIE</b> <b>315 NORTH WALKER STREET</b> <b>LAKE WALES, FL 33853</b>		7. Name and Address of New Registered Agent Name <b>SAME REGISTERED AGENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>315 N. DR. MARTIN LUTHER KING, JR. BLVD.</b> City <b>LAKE WALES</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be</b> <b>Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JACKSON, JACKIE</b> <b>18 JOHNSON AVE</b> <b>LAKE WALES, FL 33853</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <b>SIMON ROBERSON</b> <b>118 W. NORTHSIDE DRIVE</b> <b>LAKE WALES, FLA. 33853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ROBINSON, VENEDA</b> <b>207 NORTHSIDE DR.</b> <b>LAKE WALES, FL 33853</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>MARY JUANITA HAYES</b> <b>848 SHERWOOD DRIVE</b> <b>LAKE WALES, FLA. 33853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>MOBLEY, NELLIE ANN</b> <b>620 JACKSON AVE.</b> <b>LAKE WALES, FL 33853</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>JANICE J. MCCLAIN</b> <b>502 GREENBROUGH DRIVE</b> <b>LAKE WALES, FLA. 33853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JONES, MAXINE</b> <b>504 S. 4TH STREET</b> <b>LAKE WALES, FL 33853</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ADRIANA JIMENEZ</b> <b>818 HILLSIDE AVE.</b> <b>LAKE WALES, FLA. 33853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BRIDGES, DOMICA L</b> <b>30 'B' STREET</b> <b>LAKE WALES, FL 33853</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ALEX WHEELER</b> <b>868 TARTAN LOOP</b> <b>LAKE WALES, FLA. 33853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JONES, ESTELLE</b> <b>135-A SUNRISE</b> <b>LAKE WALES, FL 33853</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DARRELL POOLE</b> <b>2775 TIGER CREEK TRAIL</b> <b>LAKE WALES, FLA. 33853</b> <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.			
<b>SIGNATURE:</b> <i>Jackie Jackson</i> <b>Jackie Jackson</b> 3-8-04 618-3901 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			