2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000724

Entity Name: REACH INC. OF LAKE WALES

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 315 N DR. MLK. JR. BLVD LAKE WALES, FL 33853 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1662 LAKE WALES, FL 33859 US FEI Number: 59-3174433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, JACKIE 315 N DR. MLK. JR. BLVD LAKE WALES, FL 33853 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JACKSON, JACKIE Name: Name: Address: 18 JOHNSON AVE Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COLVIN, DONNIE Name: Address: 602 DR. J.A. WITTSHIRE BLVD. Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: () Delete Title: () Change () Addition HOLMES, LEOLO Name: Name: 102 WEST SESSOMS AVE. Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, RODERICK Name: Name: 102 WEST SESSOMS AVE APT A Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: () Delete Title: () Change () Addition SABB, LILLIE Name: Name: 116 EAST ST Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: () Delete Title: () Change () Addition LESTER, GLORIA Name: Name: Address: 525 LINCOLN AVE. Address: LAKE WALES, FL 33853 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACKIE JACKSON P 05/01/2008