2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N92000000724

Entity Name: REACH INC. OF LAKE WALES

Current Principal Place of Business:

315 N DR. MLK. JR. BLVD
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3174433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACKSON, JACKIE
315 N DR. MLK. JR. BLVD
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	JACKSON, JACKIE	
Address:	18 JOHNSON AVE	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	DV	( ) Delete
Name:	COLVIN, DONNIE	
Address:	602 DR. J.A. WITTSHIRE BLVD.	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	DT	( ) Delete
Name:	HOLMES, LEOLO	
Address:	102 WEST SESSOMS AVE.	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	GRANT, RODERICK	
Address:	102 WEST SESSOMS AVE APT A	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	SABB, LILLIE	
Address:	116 EAST ST	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	DS	( ) Delete
Name:	LESTER, GLORIA	
Address:	525 LINCOLN AVE.	
City-St-Zip:	LAKE WALES, FL 33853	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	DAWSON, LEO	
Address:	P.O. BOX 3602	
City-St-Zip:	LAKE WALES, FL 33859	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	COLVIN, DONNIE	
Address:	602 DR. J.A. WILTSHIRE BLVD.	
City-St-Zip:	LAKE WALES, FL 33853	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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 04/29/2009

Electronic Signature of Signing Officer or Director — Date