

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90215 001 ****70.00

DOCUMENT # N92000000724

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**

2. Principal Place of Business

315 N. Walker St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1662
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Wales, Fla.
Zip
33853
Country
FL

City & State
Lake Wales, Fla.
Zip
33859-1662
Country
FL

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	JACKSON, JACKIE	
STREET ADDRESS	18 JOHNSON AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUGHES, JOHN W	
STREET ADDRESS	18 JOHNSON AVENUE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOBLEY, NELLIE ANN	
STREET ADDRESS	620 JACKSON AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MAXINE	
STREET ADDRESS	504 S. 4TH STREET	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDGES, DOMICA L	
STREET ADDRESS	30 'B' STREET	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, JOHN W	
STREET ADDRESS	18 JOHNSON AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Veneda Robinson
STREET ADDRESS	207 Northside Dr.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georgia Williams
STREET ADDRESS	834 Church St.
CITY-ST-ZIP	LAKE HAMILTON FL
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Estelle Jones
STREET ADDRESS	135-A Sunrise
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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** 429-03 (863) 678-3901

CR2E037 (10/02)