

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90041 018 ****61.25

DOCUMENT # N93000001375

1. Entity Name

STUDENTS REACH-OUT, INC.



Principal Place of Business

**ENTERPRISE ELEM. SCHOOL
211 MAIN STREET
ENTERPRISE FL 32725**

Mailing Address

**ENTERPRISE ELEM. SCHOOL
211 MAIN STREET
ENTERPRISE FL 32725**

J4010700



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3142536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFFMAN, THOMAS J
1058 WORTHINGTON DRIVE
DELTONA FL 32738**

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
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 **AD** ☐ Delete
NAME **RINNE, MELINDA J**
STREET ADDRESS **1250 LYRIC DR.**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **SD** ☐ Delete
NAME **COWDREY, DONNA**
STREET ADDRESS **480 N. HIGH ST.**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **PD** ☐ Delete
NAME **HOFFMAN, THOMAS J**
STREET ADDRESS **1058 WORTHINGTON DR**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **T** ☐ Delete
NAME **HOFFMAN, LISA**
STREET ADDRESS **1058 WORTHINGTON DRIVE**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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:

Thomas J. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04 386-544-8833
Date Daytime Phone #