## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 08, 2008 8:00 am Secretary of State DOCUMENT # N93000001375 05-08-2008 90021 027 \*\*\*\*61.25 STUDENTS REACH-OUT, INC. Principal Place of Business Mailing Address ENTERPRISE ELEM. SCHOOL ENTERPRISE ELEM. SCHOOL 211 MAIN STREET ENTERPRISE FL 32725 211 MAIN STREET ENTERPRISE FL 32725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u>201 Benson Junction Rd</u> P.O. Box 530551 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3142536 DeBary, FL 32713 DeBary, FL Not Applicable 32753 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Melinda J. Rinne Street Address (P.O. Box Number is Not Acceptable) SALLADE, DENNIS 250 ENTERPRISE RD <u>230 North Park Ave.</u> **DELTONA FL 32725** City Sanford Zip Code 32771 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. Ham familiar with, and accept the obligations of registered agent. 4/21/08 SIGNATURE Signature, typed or primed name of registered as wand tire if applicable stered Agent signature regured when reinstational FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Delete TITLE Change ☐ Addition RINNE, MELINDA J HAME NAME STREET ADDRESS 1250 LYRIC DR. STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP AD TITLE ☐**X** Delete TITLE Keith Bradshaw Addition ☐ Change AD SALLADE, DENNIS NAME 96 Dirksen Drive 2160 WIGLEY FARMS RD STREET ADDRESS STREET ADDRESS DeBary, FL 32713 DELTONA FL 32725 CITY-ST-ZIP CITY-ST-ZIP S TITLE ☐ Delete TITLE Change ☐ Addition NAME RINNE, KELLY NAME 1250 LYRIC DR SIRFET ADDRESS STREET ADDRESS **DELTONA FL 32738** City-St-ZIP CITY-S1-ZIP TITLE Delete TIT! F ☐ Change ☐ Addition NAME HOFFMAN, LISA NAME 1058 WORTHINGTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP TITLE Delete 11116 ☐ Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

FILED