# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# N93000001375

**Entity Name:** STUDENTS REACH-OUT, INC.

**Current Principal Place of Business:**

201 BENSON JUNCTION RD
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 530551
DEBARY, FL 32753

**New Mailing Address:**

**FEI Number: 59-3142536** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RINNE, MELINDA J
230 N PARK AVE
SANFORD, FL 32771 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: DP ( ) Delete
Name: RINNE, MELINDA J
Address: 1250 LYRIC DR.
City-St-Zip: DELTONA, FL 32738

Title: AD ( ) Delete
Name: BRADSHAW, KEITH
Address: 96 DIRKSEN DR
City-St-Zip: DEBARY, FL 32713

Title: S ( ) Delete
Name: RINNE, KELLY
Address: 1250 LYRIC DR
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete
Name: HOFFMAN, LISA
Address: 1058 WORTHINGTON DRIVE
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MELINDA J. RINNE DP 01/14/2009

Electronic Signature of Signing Officer or Director — Date