

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 015 ****61.25

DOCUMENT # N93000002496 1. Entity Name REACHOUT FOUNDATION, INC.					
Principal Place of Business ROUTE 13, BOX 416 LAKE CITY, FL 32055			Mailing Address ROUTE 13, BOX 416 LAKE CITY, FL 32055		
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 59-3194816	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BHASKAR, GIRISH DR. ROUTE 13, BOX 416 LAKE CITY, FL 32055				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; margin: 5px;"> NEW ADDRESS 118 NW HERON GLEN LAKE CITY FL 32055 </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SREEDHARAN, MANALEL		NAME		
STREET ADDRESS	12512 E SANDY CREEK LN		STREET ADDRESS		
CITY-ST-ZIP	CERRITOS, CA 90703		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOPINATH, G M.D.		NAME		
STREET ADDRESS	680 BRIARWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	ORADELL, NJ 07649		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SATYA, RATNAMMA MRS		NAME		
STREET ADDRESS	3566 SAN REMO TERR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALAKRISHNAM, V. M.D.		NAME		
STREET ADDRESS	8994 EXECUTIVE LOOP		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BHASKAR, GIRISH M.D.		NAME	GIRISH BHASKAR	
STREET ADDRESS	ROUTE 13, BOX 416		STREET ADDRESS	118 NW HERON GLEN	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NARAYAN, DEV M.D.		NAME	DEV NARAYAN	
STREET ADDRESS	8 OCEAN DRIVE		STREET ADDRESS	5711, FERRARA DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	SARASOTA FL 34238	
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:			GIRISH BHASKAR 5/31/05 387553016		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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