

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
BUREAU OF CORPORATIONS

1996 3-11-96 B-2084 C

DOCUMENT # N95000002076 (6)
1. Corporation Name

REACH ONE TEACH ONE (ROTO), INC.



Principal Place of Business: 6855 WILSON BLVD. SUITE 5 JACKSONVILLE FL
Mailing Address: PO BOX 14052 JACKSONVILLE FL 32238-4052

3. Date Incorporated or Qualified: 04/28/1995
3a. Date of Last Report: N/A
4. FEI Number EIN: 59-3303874
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
PERRY-MITCHELL, ROSETTA
8077 CUMBERLAND GAP TR.
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title in appropriate (NOTE: Registered Agent Signature required if not reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY-MITCHELL, ROSETTA	
STREET ADDRESS	8077 CUMBERLAND GAP TR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, MILDRED E	
STREET ADDRESS	2027 WEST 5TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, CAROLYN V	
STREET ADDRESS	8069 CUMBERLAND GAP TR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, SHIRLEY	
STREET ADDRESS	8122 PINE SPRINGS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, JACQUELYN	
STREET ADDRESS	1721-D WEST UNIVERSITY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	2nd Vice President/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Juanita Dixon	
13 STREET ADDRESS	5336 Quan Dr.	
14 CITY-ST-ZIP	Jacksonville, Florida 32205	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Gail Bush	
23 STREET ADDRESS	6427 N. Diamond Leaf Ct.	
24 CITY-ST-ZIP	Jacksonville, FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Valerie Gutierrez	
33 STREET ADDRESS	3220 Cathedral Lane	
34 CITY-ST-ZIP	Jacksonville, Florida 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Plezia Sapp	
43 STREET ADDRESS	Rt. 5, Box 778	
44 CITY-ST-ZIP	Callahan, FL 32011	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 3-5-96 (904) 779-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)