

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jul 01 1997 8:00am  
Secretary of State**

**NON-PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001452**

1. Corporation Name

**Reach The Children Relief & Development, Inc.**

Principal Place of Business

Mailing Address

**9663 W. Lake Court  
Boca Raton, Florida  
33434**

**SAME**

3. Date Incorporated or Qualified  
**March 12, 1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FFL Number

Applied For

21

26

**65-0246247**

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22

27

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Charles P. Randall, P.A.  
1600 South Dixie Highway  
Suite 5AB  
Boca Raton, Florida 33432**

81 Name **Judie L. Ekholm**  
82 Street Address (P.O. Box Number is Not Acceptable) **9663 West Lake Court**  
83 **FL**  
84 City **Boca Raton** 85 Zip Code **33434**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **Judie L. Ekholm** (Signature of Registered Agent) **Judie L. Ekholm** (Signature of Agent when reinstated) **5-21-97** (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S/T	<input type="checkbox"/> DELETE
NAME	Judie Ekholm	
STREET ADDRESS	9663 W. Lake Court	
CITY-ST-ZIP	Boca Raton, Florida 33434	
TITLE	P Rafik Osmonov	<input type="checkbox"/> DELETE
NAME	Rafik Osmonov	
STREET ADDRESS	16 Padolskaya, Dom.12	
CITY-ST-ZIP	St. Petersburg, Russia	
TITLE	D Elena Yekimov	<input type="checkbox"/> DELETE
NAME	Elena Yekimov	
STREET ADDRESS	29 Nevsky Prospect	
CITY-ST-ZIP	St. Petersburg, Russia	
TITLE	P Tatiana Nedasekova	<input type="checkbox"/> DELETE
NAME	Tatiana Nedasekova	
STREET ADDRESS	Majaisk 13	
CITY-ST-ZIP	St. Petersburg, Russia	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**100002228641  
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\*\*\*61.25**

**cc 7/1**

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Judie L. Ekholm** Date: **5-21-97** Daytime Phone: **561-477-1203**

CR2E034 (9/96)