# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N96000002046

Entity Name: R.E.A.C.H. FOR SPIRITUAL AWAKENING INC.

Apr 05, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3220 SW 50TH TERRACE FT LAUDERDALE, FL 33314

**Current Mailing Address: New Mailing Address:** 

3220 SW 50TH TERRACE FT LAUDERDALE, FL 33314

FEI Number: 65-0910938 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LAW OFFICE OF CHRISTOPHER A NARDUCCI, P.A. 1975 E SUNRISE BLVD SUITE 821 FT LAUDERDALE, FL 33304 US

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:

Name:

Date

## Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition () Delete REVEREND SCHOSCHANA/, SUSAN LEVY REVEREND SCHOSHANAVS, USAN LEVY Name:

3220 SW 50TH TERRACE Address: 3220 SW 50TH TERRACE Address: City-St-Zip: FT LAUDERDALE, FL 33314 City-St-Zip: FT LAUDERDALE, FL 33314

Title: Title: (X) Change ( ) Addition ( ) Delete LEVY, JOSEPH Name: LEVY, JOSEPH Name:

Address: 429 RYESIDIS AVENUE Address: 429 RYESIDE AVENUE City-St-Zip: NEW MILFORD, NJ 07646 City-St-Zip: NEW MILFORD, NJ 07646

Title: VPD () Delete Title: VPD (X) Change ( ) Addition

GOMEZ, ROBERT GOMEZ, ROBERT Name: Name:

W 55 N 217 WOODMERE CRT #2 Address: 4480 N LARKIN STREET Address: City-St-Zip: SHOREWOOD, WI 53211 City-St-Zip: CEDARBURG, WI 53012

Title: ( ) Delete Title: () Change () Addition

Name: CORGOSINHO, PAULA Name: 3220 SW 50TH TERRACE Address: Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

ADOLF, ANTHONY Name: Name: ADOLFI, ANTHONY 3110 S. FED. HWY. #7 490 NW 20TH ST #105-A Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REVEREND SCHOSHANA LEVY/SUSAN LEVY Ρ 04/05/2004