2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002046

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

Principal Place of Business	Mailing Address
3220 SW 50TH TERRACE FT LAUDERDALE, FL 33314	3220 SW 50TH TERRACE FT LAUDERDALE, FL 33314

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01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0910938
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REVEREND SCHOSHANA/SUSAN LEVY
STREET ADDRESS	3220 SW 50TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33314
TITLE	VP
NAME	LEVY, JOSEPH
STREET ADDRESS	429 RYESIDE AVENUE
CITY-ST-ZIP	NEW MILFORD, NJ 07646
TITLE	VPD
NAME	GOMEZ, ROBERT
STREET ADDRESS	W 55 N 217 WOODMERE CRT #2
CITY-ST-ZIP	CEDARBURG, WI 53012
TITLE	T
NAME	CORGOSINHO, PAULA
STREET ADDRESS	3220 SW 50TH TERRACE
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S
NAME	ADOLFI, ANTHONY
STREET ADDRESS	490 NW 20TH ST #105-A
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80074-011 61.25

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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: Rev Schoshana Levy PD Rev Schoshana/Susan Levy 1/6/04 954-791304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #