2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# N96000002046

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

Current Principal Place of Business:

3041 SW 51ST AVE.
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

3041 SW 51ST AVE.
DAVIE, FL 33314 US

New Mailing Address:

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

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 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: REVEREND SCHOSHANA/S, USAN LEVY
Address: 3041 SW 51ST AVE
City-St-Zip: DAVIE, FL 33314 US

Title: VP ( ) Delete
Name: LEVY, JOSEPH
Address: 20 TRAIL OF THE MAPLES
City-St-Zip: PUTNAM VALLEY, NY 10579 US

Title: VPD ( ) Delete
Name: GOMEZ, ROBERT
Address: W 160 N 9619 COLONIAL DRIVE
City-St-Zip: GERMANTOWN, WI 53022 US

Title: T ( ) Delete
Name: CORGOSINHO, PAULA
Address: 9441 EVERGREEN PLACE #201
City-St-Zip: DAVIE, FL 33324 US

Title: S ( ) Delete
Name: ADOLFI, ANTHONY
Address: 490 NW 20TH ST #105-A
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MANCINO, PAULA
Address: 9441 EVERGREEN PLACE #201
City-St-Zip: DAVIE, FL 33324 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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/SUSAN LEVY PD 01/29/2008

Electronic Signature of Signing Officer or Director — Date