

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 06, 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:** MANCINO, 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:** PD      (X) Change ( ) Addition  
**Name:** LEVY, SCHOSHANA/SUSA REV  
**Address:** 3041 SW 51ST AVE  
**City-St-Zip:** DAVIE, FL 33314 US**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:** S      (X) Change ( ) Addition  
**Name:** COHEN, LYNNE  
**Address:** 7820 MARGATE BLVD  
**City-St-Zip:** MARGATE, FL 33063

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: REV SCHOSHANA/SUSAN LEVY

P

06/06/2008

Electronic Signature of Signing Officer or Director

Date