


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90109 035 \*\*\*\*70.00

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|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N97000000413**

1. Corporation Name

**R. E. A. C. H. FOR THE STARS, INC.**

Principal Place of Business

1001 HARVARD AVENUE  
 BRADENTON FL 34207

Mailing Address

1001 HARVARD AVENUE  
 BRADENTON FL 34207



|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   |
| 21                             | 26                  | 01/24/1997  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number   |
| 22                             | 27                  | 59-3431202  |
| City & State                   | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 23                             | 28                  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                 |
| Zip                            | Country             | Trust Fund Contribution   |
| 24                             | 25                  | 29  |
| 29                             | 30                  |   |

9. Name and Address of Current Registered Agent

**WHITEHEAD, PHILIP J**  
 1001 HARVARD AVENUE  
 BRADENTON FL 34207

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WHITEHEAD, PHILIP J               | 1.2 NAME  |   |
| STREET ADDRESS             | 1001 HARVARD AVENUE               | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRADENTON FL 34207                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STANFORD, GAIL                    | 2.2 NAME  |   |
| STREET ADDRESS             | 1001 HARVARD AVE                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRADENTON FL 34207                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HANSEN, TOM                       | 3.2 NAME  |   |
| STREET ADDRESS             | 1001 HARVARD AVE                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRADENTON FL 34207                | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BACON, NANCY S                    | 4.2 NAME  |   |
| STREET ADDRESS             | 1001 HARVARD AVENUE               | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRADENTON FL 34207                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PUGLIANI, LOUIS F                 | 5.2 NAME  |   |
| STREET ADDRESS             | 1001 HARVARD AVENUE               | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRADENTON FL 34207                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip J. Whitehead **REQUIRED** 2-28-99 753-6338

CR2E037 (1/98)