

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003404 (7)

1. Corporation Name

REACHING OTHERS COMMUNITY DEVELOPMENT, INC.



Principal Place of Business

2432 HERB AVENUE
LEHIGH ACRES FL 33934

Mailing Address

2432 HERB AVENUE
LEHIGH ACRES FL 33934

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number
65-0761596

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.
109 THIRD STREET NORTH

22

City & State
IMMOKALEE, FL

23

Zip

34142

Country

USA

24

2a. Mailing Address

26

Suite, Apt. #, etc.
P. O. BOX 3539

27

City & State
IMMOKALEE, FL

28

Zip

34143

Country

USA

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, GREGORY
2432 HERB AVENUE
LEHIGH ACRES FL 33934

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS FORD, GREGORY
CITY-ST-ZIP 2432 HERB AVENUE
LEHIGH ACRES FL 33971

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS THOMPSON, BARBARA
CITY-ST-ZIP P.O. BOX 837 N/A
IMMOKALEE FL 34143

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD
STREET ADDRESS FORD, MARJORIE
CITY-ST-ZIP 2432 HERB AVENUE
LEHIGH ACRES FL 33934

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS SMALL, HERB
CITY-ST-ZIP 4620 DELEON, APT. #A-202
FT. MYERS FL 33907

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS JAMES, SANDRA
CITY-ST-ZIP P.O. BOX 1827 N/A
IMMOKALEE FL 34143

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS FORD, ORIE LEE
CITY-ST-ZIP 2959 BOARDWAY
FORT MYERS FL 33901

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

5/4/98

CP2E037 (1097)