

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90004 030 ****61.25

0065015

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1. Corporation Name

REACHING OTHERS COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

109 THIRD ST N
IMMOKALEE FL 34142
US

Mailing Address

P O BOX 3539
IMMOKALEE FL 33934
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/11/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0761596

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD
NAME THOMPAON, BARBARA
STREET ADDRESS P.O. BOX 937 N/A
CITY-ST-ZIP IMMOKALEE FL 34143

☐ DELETE

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

SECRETARY (S)
3902 35th ST S4
Lehigh Acres, FL 33971

☒ Change ☐ Addition

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

☐ DELETE

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

Treasurer/Vice President
(T/VP)

☒ Change ☐ Addition

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

☐ DELETE

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

Trustee (TR)

☒ Change ☐ Addition

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

☐ DELETE

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

Trustee (TR)

☒ Change ☐ Addition

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

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Trustee (TR)

☒ Change ☐ Addition

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: *x*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/99 941 369-6969

CR2E037 (11/98)