FILED
Jun 03, 2004 8:00 am
Secretary of State
06-03-2004 90329 001 ***140.00

DOCUMENT # N97000003404

1. Entity 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 34143 US

3538 South Street
Fort Myers, Florida
33916

P O Box 6778
Fort Myers, Fl
33911

66426382

City & State

City & State

4. FEI Number
65-0761596

Zip | Country

Zip | Country

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, GREGORY
3327 13TH STREET WEST
LEHIGH ACRES, FL 33971

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2004

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

OFFICERS AND DIRECTORS

TITLE	DP	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	FORD, GREGORY		NAME		
STREET ADDRESS	3327 13TH STREET WEST		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP		
TITLE	S	[ ] Delete	TITLE		[X] Change [ ] Addition
NAME	THOMPAON, BARARA		NAME	THOMPSON, BARBARA	
STREET ADDRESS	3902 35TH ST.		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP		
TITLE	TVP	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	FORD, MARJORIE		NAME		
STREET ADDRESS	3327 13TH STREET WEST		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP		
TITLE	TR	[X] Delete	TITLE		[ ] Change [ ] Addition
NAME	JAMES, SANDRA		NAME		
STREET ADDRESS	P.O. BOX 1827 N/A		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE, FL 34143		CITY-ST-ZIP		
TITLE	TR	[X] Delete	TITLE		[ ] Change [ ] Addition
NAME	FORD, ORIE LEE		NAME		
STREET ADDRESS	2959 BOARDWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Grafe Paston 5/30/04