


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003713 (1)

1. Corporation Name

REACHING OUT TO OTHERS, INC.



Principal Place of Business 1030 SOUTH MANGONIA CIRCLE WEST PALM BEACH FL 33401	Mailing Address 1030 SOUTH MANGONIA CIRCLE WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

65-0711154

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired

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\$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

JOHNSON, ELIZABETH M
1030 SOUTH MANGONIA CIRCLE
WEST PALM BEACH FL 33401

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	D	1.1 TITLE	P
NAME	JOHNSON, ELIZABETH M	1.2 NAME	JOHNSON, ELIZABETH M
STREET ADDRESS	1030 SOUTH MANGONIA CIRCLE	1.3 STREET ADDRESS	1030 SOUTH MANGONIA CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D	2.1 TITLE	T
NAME	MAXWELL, CARLEY	2.2 NAME	MAXWELL, CURLEY
STREET ADDRESS	2009 OLD DIXIE HIGHWAY	2.3 STREET ADDRESS	2909 OLD DIXIE HIGHWAY
CITY-ST-ZIP	RIVIERA BEACH FL 33404	2.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D	3.1 TITLE	
NAME	MODONALD, SANDRA	3.2 NAME	
STREET ADDRESS	1420 13TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	V
NAME		4.2 NAME	JOHNSON, CYNTHIA K
STREET ADDRESS		4.3 STREET ADDRESS	1030 SOUTH MANGONIA CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		5.1 TITLE	S
NAME		5.2 NAME	BUSH, EDITH - 1444-8th Street
STREET ADDRESS		5.3 STREET ADDRESS	WEST PALM BEACH, FL 33401
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D
NAME		6.2 NAME	DAVIS, BETTY
STREET ADDRESS		6.3 STREET ADDRESS	1557 SILVER BEACH ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Riviera Beach FL 33404

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Elizabeth M. Johnson, President 2-7-98 (541) 833-6157