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	10			DIVISION OF	-		-		
DOCUMENT # N9700003713 (1)							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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REACHING OUT TO OTHERS, INC.									
Principal Place of Business				Mailing Address				i santinat min satte ikult nutet antil ngier datte ditte bill 12006	
1030 SOUTH MANGONIA CIRCLE WEST PALM BEACH FL 33401			1030 SOUTH MANGONIA CIRCLE WEST PALM BEACH FL 33401					3. Date Incorporated or Qualified 06/26/1997	
								<u> </u>	oplied For ot Applicable
2. Principal P	Place of Busin	ess	Źа.	Mailing Address		2001	,		Additional
Suite, Apt.	# etc		26	Post Office Suite, Apt. #, Atc.	BOX	3881		Fee R	equired
22	. m, etc.		27	West Palm	Bear	A. FL	· ·	6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to	
City & Stat	te			City & State	01		7	7. Is this nonprofit corporation a homeowners association	
23 Zip	· · · · · · · · · · · · · · · · · · ·	Country	28	33402 Zip		n Beac	27)	Yes Yes Ano	
24	-	25	29		30	uy		8. This corporation owes or has paid the current year Interpretation Personal Property Tax due June 30.	angible No
	9. Name	and Address of Current	Regist	ered Agent		ma 11		10. Name and Address of New Registered Agent	
						81 Name			
	ON, ELIZABE	ETH M GONIA CIRCLE				82 Street	Addres	ss (P.O. Box Number is Not Acceptable)	6
	PALM BEACH					83		-01/26/9901100	002 -
,						84 City		*************************************	
44 =						,		FL i i i	
11. Pursuant office or r	to the provision to the	ons of Sections 617.0502 a ent, or both, in the State of	and 61 Florid	7.1508, Florida Statu a. Such change was	tes, the al authorize	bove-named d by the cor	d corpor poration	ration submits this statement for the purpose of changing it n's board of directors. I hereby accept the appointment as	s registered registered
	ım familiar wit	h, and accept the obligation	ons of,	Section 617.0503, F	lorida Stal	utes.		,	
	Signature, typed o	or printed name of registered agent or	and title i		TT Desister	d Agent signatur		when reinstating) DATE	
TITLE					E: Registere		e required		
111CC	D.	OFFICERS AND I		TORS	13.	n c	e required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
NAME	D JOHNSO				13. 1.1 Ti		e required		S IN 12
name Street address	JOHNSO	OFFICERS AND I N, ELIZABETH M UTH MANGONIA CIRCI	DIREC	TORS	13. 1.1 TI 1.2 N		e required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
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