

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  
Jul 14, 1999 8:00 am  
Secretary of State

07-14-1999 90017 010 \*\*\*\*61.25

07-14-1999 90017 009 \*\*\*\*\*8.75

DOCUMENT # N97000003713

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

65-0711154

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE P  
NAME JOHNSON, ELIZABETH M  
STREET ADDRESS 1030 S MANGONIA CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE T  
NAME MAXWELL, CURLEY  
STREET ADDRESS 2909 OLD DIXIE HIGHWAY  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D  
NAME MCDONALD, SANDRA  
STREET ADDRESS 1420 13TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE V  
NAME JOHNSON, CYNTHIA K  
STREET ADDRESS 1030 SOUTH MANGONIA CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE S  
NAME BUSH, EDITH  
STREET ADDRESS 1444 8TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D  
NAME DAVIS, BETTY  
STREET ADDRESS 1557 SILVER BEACH ROAD  
CITY-ST-ZIP RIVIERA BEACH FL 33404

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (1/1/98)