

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003713

1. Entity Name

REACHING OUT TO OTHERS, INC.

Principal Place of Business

1030 SOUTH MANGONIA CIRCLE  
WEST PALM BEACH FL 33401

Mailing Address

POST OFFICE BOX 3881  
WEST PALM BEACH FL 33402-3881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0711154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MAXWELL, LEKESHA  
CITY-ST-ZIP 2909 OLD DIXIE HIGHWAY  
RIVIERA BEACH FL 33402

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DAVIS, BETTY  
CITY-ST-ZIP 1557 SILVER BEACH RD.  
RIVIERA BEACH FL 33404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Elizabeth M. Johnson / Elizabeth M. Johnson 2/7/00 661-833-6157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90026 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE