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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006156

1. Corporation Name

REACHOUT COMMUNITY CENTER OF LAKE WORTH, INC.

Principal Place of Business	Mailing Address
1422 LUCERNE AVE. LAKE WORTH FL 33460	1422 LUCERNE AVE. LAKE WORTH FL 33460

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/31/1997

4. FEI Number: 65-0803230 ☐ 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

BUETTNER, BILL L
8100 BITCHTREE TERR.
LAKE WORTH FL 33467

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: Bill L. Buettner, President (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	CREEL, LIN		1.2 NAME	BILL L. BUETTNER	
STREET ADDRESS	124 CAYMAN DR.		1.3 STREET ADDRESS	6100 BITCHTREE TERR.	
CITY-ST-ZIP	PALM SPRINGS FL 33461		1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOYNER, LEON S JR.		2.2 NAME		
STREET ADDRESS	12676 HEADWATER CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33414		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KARNA, KRIS		3.2 NAME		
STREET ADDRESS	920 WYNNWOOD CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIN, ALTON D		4.2 NAME		
STREET ADDRESS	175 AUBURN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LIN, MAY B		5.2 NAME		
STREET ADDRESS	2601 EMORY LN.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, DENNIS L		6.2 NAME		
STREET ADDRESS	7515 SEABREEZE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Bill L. Buettner REQUIRED 3/30/99 (561) 582-7832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bill L. Buettner