

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90085 025 ****61.25

DOCUMENT # N97000006156

1. Entity 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 33460-3617**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0803230

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUETTNER, BILL L
6100 BITCHTREE TERR.
LAKE WORTH FL 33467**

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:**FEES ARE \$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	D	<input type="checkbox"/> Delete
NAME	CREEL, UN	
STREET ADDRESS	124 CAYMAN DR.	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYNER, LEON S JR.	
STREET ADDRESS	12676 HEADWATER CIR.	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARNA, KRIS	
STREET ADDRESS	920 WYNWOOD CIR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIN, ALTON D	
STREET ADDRESS	175 AUBURN DR.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIN, MAY B	
STREET ADDRESS	2601 EMORY LN.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DENNIS L	
STREET ADDRESS	7515 SEABREEZE DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bill L. Buettner 4/30/00

(877)