

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006156

FILED
Feb 18, 2004
Secretary of State**Entity Name:** REACHOUT COMMUNITY CENTER OF LAKE WORTH, INC.**Current Principal Place of Business:**1422 LUCERNE AVE.
LAKE WORTH, FL 33460**New Principal Place of Business:****Current Mailing Address:**1422 LUCERNE AVE.
LAKE WORTH, FL 33460**New Mailing Address:****FEI Number:** 65-0803230**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUETTNER, BILL L
6100 BITCHTREE TERR.
LAKE WORTH, FL 33467**Name and Address of New Registered Agent:**BUETTNER, BILL L
6100 BIRCHTREE TERR.
LAKE WORTH, FL 33467

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: B. L. BUETTNER

02/18/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CREEL, LIN
Address: 124 CAYMAN DR.
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: LIN, ALTON D
Address: 175 AUBURN DR.
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: LIN, MAY B
Address: 2601 EMORY LN.
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: MOORE, DENNIS L
Address: 7515 SEABREEZE DR.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. L. BUETTNER

RA

02/18/2004

Electronic Signature of Signing Officer or Director

Date