

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006156

FILED  
Aug 22, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BUETTNER, BILL L  
6100 BIRCHTREE TERR.  
LAKE WORTH, FL 33467      US

**Name and Address of New Registered Agent:**

BUETTNER, BILL L  
6100 BIRCH TREE TERR.  
LAKE WORTH, FL 33467      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

08/22/2009

Date

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated in Chapter 119, 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: BILL L. BUETTNER

Electronic Signature of Signing Officer or Director

RA

08/22/2009

Date