

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90130 033 ****61.25

0040341

DOCUMENT # N97000006156

1. Entity Name

REACHOUT COMMUNITY CENTER OF LAKE WORTH, INC.



Principal Place of Business

**1422 LUCERNE AVE.
LAKE WORTH FL 33460**

Mailing Address

**1422 LUCERNE AVE.
LAKE WORTH FL 33460**

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 **65-0803230**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BILL L. BUETTNER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CREEL, LIN**
STREET ADDRESS **124 CAYMAN DR.**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **D** ☒ Delete
NAME **JOYNER, LEON S JR.**
STREET ADDRESS **12876 HEADWATER CIR.**
CITY-ST-ZIP **W. PALM BEACH FL 33414**

TITLE **D** ☐ Delete
NAME **LIN, ALTON D**
STREET ADDRESS **175 AUBURN DR.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☐ Delete
NAME **LIN, MAY B**
STREET ADDRESS **2601 EMORY LN.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☐ Delete
NAME **MOORE, DENNIS L**
STREET ADDRESS **7515 SEABREEZE DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: **BILL L. BUETTNER**

4/07/03 582-6877

CR2E037 (10/02)