


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004667	
1. Entity Name REACH OUT PROGRAM, INC.	

Principal Place of Business 632 S. DILLARD STREET WINTER GARDENS, FL 34787	Mailing Address 632 S. DILLARD STREET WINTER GARDENS, FL 34787
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01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3534968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PAYTON, JEAN I 4775 PLEASANT VALLEY CT ORLANDO, FL 32811	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ED PAYTON, JEAN I 4775 PLEASANT VALLEY CT. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MD ALSTON, JOAN 1656 E TREMBLO ST WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MD COBB, PAMELA 216 HALSEY STREET ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD SMITH, ANYA 5 CHANNING AVE ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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02/06/06-80032-009 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.

SIGNATURE: Jean Ivory Payton 1-23-06 (407)656-0980