

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

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90116 046 \*\*\*\*70.00

DOCUMENT # **N99000002162**

1. Entity Name  
**Reaching Your Dream, Inc.**

**DO NOT WRITE IN THIS SPACE**

**830804**

2. Principal Place of Business  
**1000 N. Pace Blvd.**

Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 19014**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

4. FEI Number  
**59-3569134**

Applied For  
Not Applicable

Zip  
**32501**

Country

Zip  
**32523**

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Gainer, Derrick**

Street Address (P.O. Box Number is Not Acceptable)

**3256 Tallship Lane**

**Pensacola, FL 32526**

City  
**Pensacola, FL**

Zip Code  
**32526**

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

**FEE IS \$61.25  
Initial or Amended UBR**

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**

TITLE <b>P</b>	<b>President</b> <b>Finney, Mike</b> STREET ADDRESS <b>3550 Cortez Drive</b> CITY-ST-ZIP <b>Pensacola, FL 32503</b>
TITLE <b>V</b>	<b>Vice-President</b> <b>Yeo, Frances</b> STREET ADDRESS <b>461 Manor Drive</b> CITY-ST-ZIP <b>Pensacola, FL 32507</b>
TITLE <b>S</b>	<b>Secretary</b> <b>Hughes, Patience</b> STREET ADDRESS <b>1575 E. Texas Drive</b> CITY-ST-ZIP <b>Pensacola, FL 32503</b>
TITLE <b>T</b>	<b>Treasurer</b> <b>Gilbert, Tammie</b> STREET ADDRESS <b>7270 Hilburn Road #7</b> CITY-ST-ZIP <b>Pensacola, FL 32504</b>
TITLE <b>D</b>	<b>Director</b> <b>Gainer, Derrick</b> STREET ADDRESS <b>3256 Tallship Lane</b> CITY-ST-ZIP <b>Pensacola, FL 32526</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Patience Hughes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)