

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004085

1. Entity Name

REACHING OUR COMMUNITY KIDS, INC.

Principal Place of Business

3215 AVENUE Q
FORT PIERCE FL 34947

Mailing Address

3215 AVENUE Q
FORT PIERCE FL 34947

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BROWN, JAMES H
3215 AVENUE Q
FORT PIERCE FL 34947

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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 PD ☐ Delete
NAME BROWN, JAMES H
STREET ADDRESS 5200 MATANZAS AVENUE
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE VPD ☐ Delete
NAME LEE, ALICE
STREET ADDRESS 7936 SADDLEBROOK DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE SD ☐ Delete
NAME FINNEGAN, JOE
STREET ADDRESS 1533B PHEASANT WALK
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE TD ☐ Delete
NAME BARNES, BETTY
STREET ADDRESS 2725 NAVAJO AVENUE
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE D ☐ Delete
NAME BROWN, NANCY
STREET ADDRESS 4010 OLEANDER AVENUE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE D ☐ Delete
NAME JUNKER, CARL
STREET ADDRESS 854 SW TIERRA COURT
CITY-ST-ZIP PORT ST. LUCIE FL 34983

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
NAME
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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: *Betty J. Barnes* 4-25-01 561-461-6551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90033 028 ****61.25

CR2E037 (10/00)