2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N99000004085

Entity Name: REACHING OUR COMMUNITY KIDS, INC.

Current Principal Place of Business:

3215 AVENUE Q
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0668
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 65-0925697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, JAMES H
3215 AVENUE Q
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TOWNSEND, QUEEN S
Address: 5335 NW NASSAU LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VPD ( ) Delete
Name: BROWN, JAMES H
Address: 5200 MATANZAS AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: SD ( ) Delete
Name: LEE, ALICE
Address: 7936 SADDLE BROOK DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD ( ) Delete
Name: BARNES, BETTY
Address: 2725 NAVAJO AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: D ( ) Delete
Name: BROWN, NANCY
Address: 4010 OLEANDER AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: WASHINGTON, DAVID
Address: 3000 LANGSTON DRIVE
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES H. BROWN VPD 01/13/2009
Electronic Signature of Signing Officer or Director — Date