2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900004085

REACHING OUR COMMUNITY KIDS, INC.

|--|

FILED May 27, 2003 8:00 am Secretary of State

05-27-2003 90166 021 ****61.25

| | | | | | | I TRES | | | | | | |
|---|--|-------------------------|---------------------------------------|--------------|--|--------------------------------|---|------------------------|---------------|-------------------|--|--|
| Principal Plac | e of Business | Mailir | ng Address | | | | | | | | | |
| 3215 AVENUE Q FORT PIERCE FL 34947 | | | 3215 AVENUE Q FORT PIERCE FL 34947 | | | | | | | | | |
| 2. Principal P | lace of Business | I 3 . Ma | iling Address | | | | | | | | | |
| | | | | | | |) TRENTON BUD TOTAL TERMS OBTALL BOTH BOTH BOTH BOTH BOTH BOTH TOTAL (THE EDIA) 1801. | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | | 4. FEI Number 65-0925697 Applied For Not Applicable | | | | | |
| Zip Country | | Zi | Zip Co | | | try 5. Certificate of State | | - \$8.75 Additional | | | | |
| | 6Name and Address of Cu | rrent Register | ed Agent | <u> </u> | · · | | 7. Name and Add | ress of New Registered | | X | | |
| | | | | | | Name | | | | | | |
| BROWN, JAMES H | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 3215 AVENUE Q | | | Silver Address | | | | | | | | | |
| FORT PIERCE FL 34947 | | | | | | | | | | | | |
| | | | | | City | | | FI | Zip Cod | е | | |
| | 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 obligat | ons of registered agent. | | | | | | | | | | | |
| SIGNATURE . | | | | | | | | | | | | |
| • | Signature, typed or printed name of registerer | d agent and title if ap | olicable. (NOTE | : Registere | d Agent signa | ture required | when reinstating) | DATE | | | | |
| | | | | | | | | | | _ | | |
| FILE NOW: FEE IS \$61.25 9. Election Cam Trust Fund Ca | | | | - | | \$5.00 May Be Added to Fees | Make Ched Florida Depa | k Payable | | | | |
| | • | | | | | | | Torrad Dapo | | | | |
| 10. | | ID DIRECTORS | | 11. | | | DDITIONS/CHANGE | S TO OFFICERS AND D | | | | |
| TÎTLE | PD | | ☐ Delete | TITLE | | PD | المحمد الكاما | FEN C'- | Change | Addition { | | |
| | BROWN, JAMES H 5200 MATANZAS AVENUE | | | NAMI STRE | et address | 100 | unsend, Clui | crou Lane | |] | | |
| CITY-ST-ZIP | FORT PIERCE FL 34946 | | | | -ST-ZIP | Pont | Statucie | FL 34983 | | Ì | | |
| TITLE | VPD | | Delete | TITLE | | UPD | <u> </u> | | Change Change | Addition | | |
| NAME | LEE, ALICE | | | NAM | Ε | Blow | IN, JAME | s H. | | J | | |
| | 7936 SADDLEBROOK DRIVE | | | 1 | ET ADDRESS | 5200 | MATAN | S H. ZAS Adenue | <u></u> | | | |
| | PORT STELUCIE FL 34986 | | <u> </u> | _ | -ST-ZIP | 27 | Pierce, | PL 34946 | | | | |
| TITLE NAME | SD FINNEGAN, JOE | | Delete | TITLE | | 1.55 E | F. Alica | | Change | ☐ Addition \ | | |
| STREET ADDRESS | 1533B PHEASANT WALK | | | | ET ADDRESS | 793 | Sadde | BROOK Drive | • | | | |
| CITY-ST-ZIP | FORT PIERCE FL 34950 | | | CITY | -ST-ZIP | Port | St. Lucie. | FL 34986 | | | | |
| TITLE | TD | | ☐ Delete | TITLE | | D | 1 | 1 1. | ☐ Change | ★ Addition | | |
| | BARNES, BETTY | | | NAM | | De. J | David MA | shington 1 | | | | |
| | 2725 NAVAJO AVENUE | | • | | ET ADDRESS -ST-ZIP | 5500 | ym st seu | 119/5 School | | | | |
| CITY-ST-ZIP | FORT PIERCE FL 34946 | | | - | | Port | St. Luc. | net Dy 14983 | ☐ Change | Addition | | |
| TITLE NAME | D BROWN, NANCY | | ☐ Delete | TITLE | | Floyd | BERNAGH | Et all al | | M Modition | | |
| | 4010 OLEANDER AVENUE | | | | ET ADDRESS | 750 | SW, DALWER | Etemostary St. | 031 | ļ | | |
| CITY-ST-ZIP | FORT PIERCE FL 34982 | | | CITY | -ST-ZIP | Port | F St. Lucic | | | | | |
| TITLE | D | | ☐ Delete | TITLE | | | | <u> </u> | ☐ Change | Addition | | |
| NAME | JUNKER, CARL | | | NAM | | | | | |) | | |
| | 854 SW TIERRA COURT | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34983 | | | CITY- | -ST-ZIP | | | | | | | |

12. I hereby certify that the information supplied with this filling 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: