

ANNUAL REPORT

DOCUMENT # N99000005393

1. Entity Name
THE REACH PROJECT, INC.Principal Place of Business
9700 S.W. 57TH STREET
COOPER CITY, FL 33328Mailing Address
9700 S.W. 57TH STREET
COOPER CITY, FL 33328FILED
Apr 29, 2004 08:00 AM
Secretary of State

04242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0954658	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIRYLIS, PAULA
9700 S.W. 57TH STREET
COOPER CITY, FL 33328DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent applicable if applicable

(NOTE: Registered Agent signature required when re-electing)

4/26/04

DATE

Filing Fee is \$61.25
Due by May 1, 20049. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALVEZ, ANGELA 9702 SW 57TH STREET COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUSSMAN, ELLEN 12740 COUNTRYSIDE TERRACE COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIRYLIS, PAULA T 9700 S.W. 57TH STREET COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, JOHN 8522 NW 21 ST CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PITCHER, HELEN 2804 S EDGEHILL LN COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KILFOIL, KAREN 5814 SW 112 CT COOPER CITY, FL

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 04/29/04-00001-012 61.25
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #