#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003217

Entity Name: REACHOUT EVERGLADES AND COPS ASSOCIATION INC.

FILED
Mar 23, 2024
Secretary of State
5748689393CC

## **Current Principal Place of Business:**

101 COPELAND AVE S

EVERGLADES CITY, FL 34139

# **Current Mailing Address:**

**PO BOX 894** 

CHOKOLOSKEE, FL 34138 US

FEI Number: 59-3471628 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MIDDELSTAEDT, ELAINE 410 STORTER AVE S EVERGLADES CITY, FL 34139 US

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

#### Officer/Director Detail:

Title TREASURER, DIRECTOR Title DIRECTOR

Name MIDDELSTAEDT, ELAINE Name JOINER, DOROTHY

Address 410 STORTER AVE S, PO BOX 277 Address 825 S COPELAND AVE #1

City-State-Zip: EVERGLADES CITY FL 341390277 City-State-Zip: EVERGLADES CITY FL 34139

Title DIRECTOR, PRESIDENT Title SECRETARY, DIRECTOR
Name BARKER, CONNIE S Name BURKE, STEPHANIE

Address 612 COLLIER AVENUE Address 24 EGRET LANE

City-State-Zip: EVERGLADES CITY FL 341390616 City-State-Zip: EVERGLADES CITY FL 34139

Title DIRECTOR

Name COCHRAN, KAREN
Address 102 COPELAND AVE N

**BOX 599** 

City-State-Zip: EVERGLADES CITY FL 341390599

I hereby 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 all other like empowered.

SIGNATURE: ELAINE MIDDELSTAEDT

**TREASURER** 

03/23/2024