

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003072

**Entity Name:** EXCEPTIONAL EDUCATION OUTREACH, INC.**Current Principal Place of Business:**650 NE 67 ST  
MIAMI, FL 33138**Current Mailing Address:**650 NE 67 ST  
MIAMI, FL 33138 US**FEI Number: 30-0070498****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REGISTERED AGENT SERVICES CO.  
7512 DR. PHILLIPS BLVD  
SUITE 50-254  
ORLANDO, FL 32819 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: MICHAEL ANGELO REP. FL REGISTERED AGENT****04/14/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY

Name HUDEPOHL, LANG L.

Address 592 NE 60 ST

City-State-Zip: MIAMI FL 33138

Title MS.

Name FINCHER, JANE

Address 720 NE 69TH STREET

City-State-Zip: MIAMI FL 33138

Title MS.

Name COSGRIFF, KARLA

Address 720 NE 69TH STREET APT15W

City-State-Zip: MIAMI FL 33138

Title MS.

Name EASTON- MONTES, ELIZABETH

Address 696 NE 67 ST

City-State-Zip: MIAMI FL 33138

Title MRS.

Name DELIDDO, EMILY

Address 720 NE 69TH ST

City-State-Zip: MIAMI FL 33138

Title MRS.

Name JACKSON, GRETCHEN MRS.

Address 546 STREET ROAD

City-State-Zip: WEST GROVE PA 19390

Title DIRECTOR

Name HUDSON, GABRIELLA

Address 650 NE 67 ST

City-State-Zip: MIAMI FL 33138

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: LANG HUDEPOHL****SECRETARY****04/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date