

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

DOCUMENT# N04000000697

**Entity Name:** FORGOTTEN SOLDIERS OUTREACH, INC.

**Current Principal Place of Business:**

3550 23RD AVENUE S.  
SUITE 7  
LAKE WORTH, FL 33461

**FILED**  
**Feb 22, 2024**  
**Secretary of State**  
**0013544887CC**

**Current Mailing Address:**

3550 23RD AVENUE S.  
SUITE 7  
LAKE WORTH, FL 33461 US

**FEI Number: 51-0493205**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MOURING, C. ANNELIES  
4276 PINE HOLLOW CIRCLE  
GREENACRES, FL 33463 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:** C. ANNELIES MOURING

02/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CASHMERE, JAY  
Address 143 EAST TALL OAKS CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY  
Name MOURING, C. ANNELIES  
Address 4276 PINE HOLLOW CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title TREASURER  
Name SNOW, ARTHUR  
Address 6546 CASA BELLA LANE  
City-State-Zip: BOCA RATON FL 33433

Title VC  
Name DEBEVEC, CHUCK  
Address 130 NE TWYLITE TER  
City-State-Zip: PORT ST.LUCIE FL 34963

Title CHAIRMAN  
Name MCCARTHY, CHRISTOPHER D.  
Address P O BOX 1526  
City-State-Zip: PORT SALERNO FL 34992

Title CEO  
Name CHAUNCEY-ZELNAR, LYNELLE  
Address 1386 SW EMPIRE STREET  
City-State-Zip: PORT ST. LUCIE FL 34983

Title DIRECTOR  
Name BROWN, WALTER  
Address 27122 E. LANA LN  
City-State-Zip: CONROE TX 77385

Title DIRECTOR  
Name ARCURI, WILLIAM  
Address 13021 159TH COURT NORTH  
City-State-Zip: JUPITER FL 33478

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*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:** LYNELLE CHAUNCEY-ZELNAR

**EXECUTIVE DIRECTOR**

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TRIM, MICHAEL  
Address 15636 97TH DRIVE N.  
City-State-Zip: JUPITER FL 33478

Title DIRECTOR  
Name LABANZ, LEEANN  
Address 119 SARDINIA CIR  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name ARRIZZA, KATE  
Address 10174 PLUM ST.  
City-State-Zip: PALM BEACH GARDENS FL 33410