Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400000697

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FORGOTTEN SOLDIERS OUTREACH, INC.

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

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

### **Current Mailing Address:**

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

#### FEI Number: 51-0493205

#### 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			03/13/2022			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	DIRECTOR	Title	SECRETARY				
Name	CASHMERE, JAY	Name	MOURING, C. ANNELIES				
Address	1100 BANYAN BOULEVARD	Address	4276 PINE HOLLOW CIRCLE				
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	GREENACRES FL 33463				
Title	TREASURER	Title	VC				
Name	SNOW, ARTHUR	Name	DEBEVEC, CHUCK				
Address	20967 SPRINGS TERRACE	Address	130 NE TWYLITE TER				
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	PORT ST.LUCIE FL 34963				
Title	CHAIRMAN	Title	DIRECTOR				
Name	MCCARTHY, CHRISTOPHER D.	Name	JACKSON, RET. MAJOR GENE WAYNE	RAL			
Address	3550 23RD AVENUE S. SUITE 7	Address	3550 23RD AVENUE S. SUITE 7				
City-State-Zip:	LAKE WORTH FL 33461	City-State-Zip:					
Title	CEO	Title	DIRECTOR				
Name	CHAUNCEY-ZELNAR, LYNELLE	Name	BROWN, WALTER				
Address	3550 23RD AVENUE S. SUITE 7	Address	3550 23RD AVENUE S. SUITE 7				
City-State-Zip:	LAKE WORTH FL 33461	City-State-Zip:	LAKE WORTH FL 33461				

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EXECUTIVE DIRECTOR

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

# Certificate of Status Desired: No

03/13/2022

FILED Mar 13, 2022

Secretary of State

9864357585CC

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR	
Name	ARCURI, WILLIAM	Name	TRIM, MICHAEL	
Address	3550 23RD AVENUE S. SUITE 7	Address	15636 97TH DRIVE N.	
City-State-Zip:	LAKE WORTH FL 33461	City-State-Zip:	JUPITER FL 33478	