

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004024

Entity Name: INTERCULTURAL OUTREACH INITIATIVE, INC.**Current Principal Place of Business:**24 MANGROVE LANE
KEY LARGO, FL 33037**Current Mailing Address:**24 MANGROVE LANE
KEY LARGO, FL 33037 US**FEI Number: 83-0454800****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BESSERER, JOHANN O
24 MANGROVE LANE
KEY LARGO, FL 33037 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 PRESIDENT
Name BESSERER, JOHANN O
Address 6901 EDGEWATER DR
 #313
City-State-Zip: CORAL GABLES FL 33133

Title TREASURER
Name RAND, ROBERTA Y PHD
Address 200 OCEAN LANE DRIVE #203
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name SCHMALE, MICHAEL PHD
Address 453 RIDGEWOOD RD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name GRALIA, MARIA A ESQ.
Address 625 BILTMORE WAY
 #402
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MELTZOFF, SARAH K PHD
Address 152 NE 93RD STREET
City-State-Zip: MIAMI FL 33138

Title SECRETARY
Name FEINGOLD, JOSHUA PHD
Address 13801 SW 26TH STREET
City-State-Zip: DAVIE FL 33325

Title DIRECTOR
Name SHIRREFFS, DAWN
Address 3000 BIRD AV
 #6
City-State-Zip: MIAMI FL 33133

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: JOHANN BESSERER**PRESIDENT****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date