

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002452

Entity Name: COMMUNITY OUTREACH YOUTH PROGRAM, INC.**Current Principal Place of Business:**2017 AVEUNE D
FORT PIERCE, FL 34950**Current Mailing Address:**PO BOX 1867
FORT PIERCE, FL 34954 US**FEI Number: 71-1032595****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JORDAN, KAREN R
1600 SAN DIEGO AVENUE
FORT PIERCE, FL 34946 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	BRYANT , MARK III
Address	1203 SE PINWOOD TRAIL
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	VP
Name	JACKSON, ANTHONY
Address	5150 OKEECHOBEE ROAD
City-State-Zip:	FORT PIERCE FL 34947

Title	SECRETARY
Name	THOMAS, BRANDI
Address	725 SW DORCHESTER STREET
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	TREASURER
Name	STEWART, DAPHNE
Address	641 SW MCCracken AVENUE
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	BOARD DIRECTOR
Name	SESSIONS, REGINALD ESQ.
Address	1304 N. 22ND STREET
City-State-Zip:	FORT PIERCE FL 34950

Title	CEO/ FOUNDER
Name	JORDAN, KAREN RENEE
Address	PO BOX 1867
City-State-Zip:	FORT PIERCE FL 34954

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: KAREN RENEE JORDAN-WYATT**CEO/FOUNDER****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date