

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006247

Entity Name: CHARLES EDWARD TYSON JR., OUTREACH FOUNDATION, INC.**FILED**
Apr 29, 2014
Secretary of State
CC6925335459**Current Principal Place of Business:**5 SW 12TH AVE.
DELRAY BEACH, FL 33444**Current Mailing Address:**5 SW 12TH AVE.
DELRAY BEACH, FL 33444**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOSLEY, JOANNE
5 S.W. 12TH AVE.
DELRAY BEACH, FL 33444 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	P
Name	SHADE, CHRISTY
Address	2104 N.E. 1ST COURT
City-State-Zip:	BOYNTON BEACH FL 33425

Title	VP
Name	TROTTER, MONESHA L
Address	49 N.W. 13TH AVE.
City-State-Zip:	DELRAY BEACH FL 33444

Title	BK
Name	MURDOCK, ADA
Address	458 BOYNTON BAY CIR.
City-State-Zip:	BOYNTON BEACH FL 33435

Title	S
Name	SHADE, CHRISTY
Address	2104 N.E 1ST COURT
City-State-Zip:	BOYNTON BEACH FL 33435

Title	CEO
Name	MOSLEY, FRED
Address	240 S.W. 15TH
City-State-Zip:	DELRAY BEACH FL 33444

Title	T
Name	MOLSEY, SHAMEKA
Address	5 S.W. 12TH AVE.
City-State-Zip:	DELRAY BEACH FL 33444

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: SHAMEKA MOLSEY**TEASURER****04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date