

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010688

Entity Name: OPERATION STERILIZATION OUTREACH SERVICES, INC.**Current Principal Place of Business:**9196 SE KARIN ST.
HOBE SOUND, FL 33455**Current Mailing Address:**9196 SE KARIN ST.
HOBE SOUND, FL 33455 US**FEI Number: 27-3871496****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KITTAMS, JULIE
9196 SE KARIN ST.
HOBE SOUND, FL 33455 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	CEO
Name	KITTAMS, JULIE
Address	9196 SE KARIN ST.
City-State-Zip:	HOBE SOUND FL 33455

Title	S
Name	DALCORSO, JAN
Address	6694 SW BUSCH ST, SUITE B
City-State-Zip:	PALM CITY FL 34990

Title	VP
Name	BOHMUELLER, BRIAN
Address	5768 SE AVALON DR
City-State-Zip:	STUART FL 34997

Title	P
Name	COCCOLI, SCOTT
Address	9 MEDITERRANEAN BLVD. NORTH
City-State-Zip:	PORT ST LUCIE FL 34952

Title	D
Name	MATHEWS, SARA
Address	1624 14 AVE
City-State-Zip:	VERO BEACH FL 32960

Title	T
Name	BURY, JOANNE
Address	1593 NW SPINCE RIDGE DR
City-State-Zip:	STUART FL 34994

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: JULIE ANN KITTAMS**CEO****02/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date