

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008747

**Entity Name:** SOUTH FLORIDA COMMUNITY OUTREACH INC.

**Current Principal Place of Business:**

8879 NORTH ISLES CIRCLE  
TAMARAC, FL 33321

**Current Mailing Address:**

PO BOX 772457  
CORAL SPRINGS, FL 33077 US

**FEI Number:** 45-3253049

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPES, NOVELLA J  
8879 NORTH ISLES CIRCLE  
TAMARAC, FL 33321 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 D, DIRECTOR

Name LOPES, NOVELLA J

Address PO BOX 772457

City-State-Zip: CORAL SPRINGS FL 33077

Title MGR

Name LOPES, ANDREA L

Address PO BOX 772457

City-State-Zip: CORAL SPRINGS FL 33077

*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:** NOVELLA LOPES

**DIRECTOR**

**02/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date