

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005111

Entity Name: ORLANDO OUTREACHERS, INC.**Current Principal Place of Business:**640 LAUREL OAKE LANE, UNIT 204
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**640 LAUREL OAKE LANE, UNIT 204
ALTAMONTE SPRINGS, FL 32701**FEI Number:** 47-4143290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAHM, BRETT D
640 LAUREL OAKE LANE, UNIT 204
ALTAMONTE SPRINGS, FL 32701 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 OWEN, RICHARD BRANDON
Address 640 LAUREL OAK LANE
 UNIT 204
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name ACOSTA, CARMELO JR.
Address 312 ALTAMONTE BAY CLUB CIRCLE,
 UNIT 203
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name MUNSON, ALLEN J
Address 2409 S FERN CREEK
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name STRASSNER, MELISSA
Address 23330 OAK LANE
City-State-Zip: SORRENTO FL 32776

Title VP
Name TOWNSEND, JUNE
Address 698 N. MAITLAND AVENUE, SUITE 300
City-State-Zip: MAITLAND FL 32751

Title COO
Name SOLIMAN, SARAH
Address 5401 S KIRKMAN RD
 440
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name MULLER, MARK
Address 3627 DERRAN LN
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name SAHM, BRETT
Address 640 LAUREL OAK LN
 204
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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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: RICHARD BRANDON OWEN**PRESIDENT****08/31/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LEE, MORGAN
Address	1233 MARTIN BLVD
City-State-Zip:	ORLANDO FL 32825