

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19405

**Entity Name:** RESCUE OUTREACH MISSION OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**1701 HISTORIC GOLDSBORO BLVD.  
SANFORD, FL 32771**Current Mailing Address:**1701 HISTORIC GOLDSBORO BLVD  
SANFORD, FL 32771 US**FEI Number:** 59-2876415**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAM, CHRISTOPHER B  
1701 HISTORIC GOLDSBORO BLVD.  
SANFORD, FL 32771 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:** CHRISTOPHER B HAM

02/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PHILPOT, MELVIN  
Address 1701 HISTORIC GOLDSBORO  
BOULEVARD  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name HERR, ANDREA  
Address 1701 HISTORIC GOLDSBORO  
BOULEVARD  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name SPRIGGS, LISA  
Address 100 ESLINGER WAY  
City-State-Zip: SANFORD FL 32771

Title CHAIRMAN  
Name MEADOR, LARRY  
Address 1701 HISTORIC GOLDSBORO  
BOULEVARD  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name FAISON, QUINTON  
Address 3272 NIGHT BREEZE COURT  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name CRAIG, JOHNNY  
Address 1701 HISTORIC GOLDSBORO  
BOULEVARD  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name TOWERS, MICHAEL F  
Address 1701 HISTORIC GOLDSBORO  
BOULEVARD  
City-State-Zip: SANFORD FL 32771

Title VC  
Name IOPOLLO, BRANDY  
Address 1701 HISTORIC GOLDSBORO  
BOULEVARD  
City-State-Zip: SANFORD FL 32771

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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:** CHRISTOPHER HAM**EXECUTIVE DIRECTOR**

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CALLINS, TARRENCE  
Address 1701 HISTORIC GOLDSBORO BOULEVARD  
City-State-Zip: SANFORD FL 32771

Title EXECUTIVE DIRECTOR  
Name HAM, CHRISTOPHER B  
Address 1701 HISTORIC GOLDSBORO BLVD  
City-State-Zip: SANFORD FL 32771

Title SECRETARY  
Name CRAFTON, DARIN  
Address 1701 HISTORIC GOLDSBORO BLVD.  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name MCMILLIAN, MATTHEW  
Address 1701 HISTORIC GOLDSBORO BOULEVARD  
City-State-Zip: SANFORD FL 32771

Title TREASURER  
Name MAHONEY, ANDREA  
Address 1701 HISTORIC GOLDSBORO BLVD  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name SIEBENALLER, JEFFREY  
Address 1701 HISTORIC GOLDSBORO BLVD.  
City-State-Zip: SANFORD FL 32771