

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000013769

**Entity Name:** ONLY LIVE OUTREACH, INC.

**Current Principal Place of Business:**

974 SW WORCESTER LANE  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

974 SW WORCESTER LANE  
PORT SAINT LUCIE, FL 34953

**FEI Number: 86-1273756**

**Certificate of Status Desired: Yes**

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

D'ANCONA, LUCIA  
974 SW WORCESTER LANE  
PORT SAINT LUCIE, FL 34953 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            D'ANCONA, LUCIA  
Address        974 SW WORCESTER LANE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            VP  
Name            BERTOLINO, PAUL M  
Address        974 SW WORCESTER LANE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            DIRECTOR  
Name            D'ANCONA, AUREA  
Address        3300 SW CHARTWELL STREET, UNIT  
                  109  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            DIRECTOR  
Name            SANCHEZ, SHANTI  
Address        974 SW WORCESTER LANE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            DIRECTOR  
Name            SERRANO, TAMARA  
Address        974 SW WORCESTER LANE  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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: LUCIA D'ANCONA**

**PRESIDENT**

**04/08/2022**

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

\_\_\_\_\_  
Date