

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27264

Entity Name: OUTREACH COMMUNITY CARE NETWORK, INC.**Current Principal Place of Business:**240 N FREDERICK AVENUE
DAYTONA BEACH, FL 32114**Current Mailing Address:**240 NORTH FREDERICK AVENUE
DAYTONA BEACH, FL 32114 US**FEI Number:** 59-2897172**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILSON, CHESTER
240 NORTH FREDERICK AVENUE
DAYTONA BEACH, FL 32114 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	BOARD MEMBER
Name	MC GEE, JOHN
Address	240 NORTH FREDERICK AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

Title	BOARD CHAIR
Name	RANDOLPH, VILLA
Address	240 NORTH FREDERICK AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

Title	BOARD MEMBER
Name	BELLEVUE, GUERLYNE
Address	240 NORTH FREDERICK AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

Title	BOARD MEMBER
Name	WILLIAMS, NATHANIEL
Address	240 NORTH FREDERICK AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114

Title	BOARD MEMBER
Name	MONELL, AIDA
Address	240 N FREDERICK AVE
City-State-Zip:	DAYTONA BEACH FL 32114

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: VILLA RANDOLPH**BOARD CHAIR****01/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date