

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30187

Entity Name: HOMELESS AND ORPHAN OUTREACH, INC.**Current Principal Place of Business:**400 KENT AVENUE
LAKE PLACID, FL 33852**Current Mailing Address:**P.O. BOX 1370
LAKE PLACID, FL 33862**FEI Number:** 59-2992538**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, TROY WSR.
144 JAMISON AVE
LAKE PLACID, FL 33852 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
Name RULE, BRICK
Address 162 MORGAN PL
City-State-Zip: PORT CHARLOTTE FL 33952

Title D
Name CAUSEY, JOHN
Address 108 LAKE JUNE RD
City-State-Zip: LAKE PLACID FL 33852

Title S
Name HOLT, VIRGINIA
Address 100 REDWATER LANE
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name ROBINSON, KATIE
Address 1480 HAMMOCK RIDGE ROAD
APT #11304
City-State-Zip: CLERMONT FL 34711

Title P
Name WHITE, TROY SR
Address 144 JAMISON AVE.
City-State-Zip: LAKE PLACID FL 33852

Title T
Name DURRANCE, KATHRYN
Address 1125 PEACHTREE DR
City-State-Zip: LAKE PLACID FL 33852

Title VP
Name ESCOBAR, OMAR
Address 2604 AL SIMMONS ROAD
City-State-Zip: DOVER FL 33527

Title DIRECTOR
Name STITT, SANDY
Address 4513 W. US HIGHWAY 27
City-State-Zip: CLEWISTON FL 33440

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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: TROY WHITE**PRESIDENT****02/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LONG, NEAL
Address 4201 NEIL LANE
RIVER ISLES
City-State-Zip: BRANDENTON FL 34208

Title DIRECTOR
Name ROUDENBUSH, JAKE
Address 191 W. 15TH STREET
City-State-Zip: HIALEAH FL 33010

Title DIRECTOR
Name BEATO, HEATHER
Address P.O. BOX 1113
City-State-Zip: SEBRING FL 33871