

2020 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	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	SECRETARY
Name	ROBINSON, KATIE
Address	1480 HAMMOCK RIDGE ROAD APT #11304
City-State-Zip:	CLERMONT FL 34711

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

Title	D
Name	CAUSEY, JOHN
Address	108 LAKE JUNE RD
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

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

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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 SR**PRESIDENT****02/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MIZELL, AMY
Address 524 N. LAKEVIEW ROAD
City-State-Zip: LAKE PLACID FL 33852