### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9400003233

Entity Name: OUTREACH AID TO THE AMERICAS, INC.

FILED
Jan 20, 2021
Secretary of State
6204814165CC

## **Current Principal Place of Business:**

7495 NW 7 STREET SUITE 1 MIAMI, FL 33126

## **Current Mailing Address:**

P.O BOX 546135 MIAMI, FL 33154

FEI Number: 65-0510432 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BABUN, TEO AJR. 9455 COLLINS AVE UNIT 808 SURFSIDE, FL 33154 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:

l itle	P/D	litle	VC
Name	BABUN, TEO AJR.	Name	ALLCORN, FRANK
Address	P.O.BOX 546135	Address	P.O.BOX 546135
City-State-Zip:	MIAMI FL 33154	City-State-Zip:	MIAMI FL 33154

Title CHAIRMAN Title D

 Name
 THOMAS, DANIEL
 Name
 WILLIAMS, PAUL DR.

 Address
 P.O.BOX 546135
 Address
 P.O.BOX 546135

 City-State-Zip:
 MIAMI FL 33154
 City-State-Zip:
 MIAMI FL 33154

Title D Title DIRECTOR

 Name
 GARCIA, JOSE M
 Name
 BANCROFT, ROLLIN

 Address
 P.O.BOX 546135
 Address
 PO BOX 546135

 City-State-Zip:
 MIAMI FL 33154
 City-State-Zip:
 MIAMI FL 33154

Title DIRECTOR Title DIRECTOR

 Name
 GOODMAN, SANDRA
 Name
 HUDSON, CHRIS

 Address
 P.O. BOX 546135
 Address
 P.O BOX 546135

 City-State-Zip:
 MIAMI FL 33154
 City-State-Zip:
 MIAMI FL 33154

### Continues on page 2

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: TEO BABUN PRESIDENT 01/20/2021

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name FACE, MONTE Name RODRIGUEZ, BRET

 Address
 P.O BOX 546135
 Address
 P.O BOX 546135

 City-State-Zip:
 MIAMI FL 33154
 City-State-Zip: MIAMI FL 33154