

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003233

**Entity Name:** OUTREACH AID TO THE AMERICAS, INC.**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 :**

Title P/D  
Name BABUN, TEO AJR.  
Address P.O.BOX 546135  
City-State-Zip: MIAMI FL 33154

Title VC  
Name ALLCORN, FRANK  
Address P.O.BOX 546135  
City-State-Zip: MIAMI FL 33154

Title CHAIRMAN  
Name THOMAS, DANIEL  
Address P.O.BOX 546135  
City-State-Zip: MIAMI FL 33154

Title D  
Name WILLIAMS, PAUL DR.  
Address P.O.BOX 546135  
City-State-Zip: MIAMI FL 33154

Title D  
Name GARCIA, JOSE M  
Address P.O.BOX 546135  
City-State-Zip: MIAMI FL 33154

Title DIRECTOR  
Name BANCROFT, ROLLIN  
Address PO BOX 546135  
City-State-Zip: MIAMI FL 33154

Title DIRECTOR  
Name GOODMAN, SANDRA  
Address P.O. BOX 546135  
City-State-Zip: MIAMI FL 33154

Title DIRECTOR  
Name HUDSON, CHRIS  
Address P.O BOX 546135  
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

CEO

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               FACE, MONTE  
Address            P.O BOX 546135  
City-State-Zip:    MIAMI FL 33154

Title               DIRECTOR  
Name               RODRIGUEZ, BRET  
Address            P.O BOX 546135  
City-State-Zip:    MIAMI FL 33154