

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001945

**Entity Name:** SET FREE COALITION OUTREACH PROGRAMS, INC.

**Current Principal Place of Business:**

500 NW 3RD AVENUE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

324 NW 16TH PLACE  
POMPANO BEACH, FL 33060 US

**FEI Number: 65-0826606**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ZANDERS, JOHNNY L  
324 NW 16TH PLACE  
POMPANO BEACH, FL 33060 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 PD  
Name ZANDERS, JOHNNY LSR  
Address 324 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title VPD  
Name WALKER, JESSIE  
Address 217 NW 15TH STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title DT  
Name DAVENPORT, FRED  
Address 348 NW16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title SD  
Name ZANDERS, DEBORAH C  
Address 324NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title D  
Name MCLAMORE, GARY  
Address 591 N.E. 38TH STREET  
City-State-Zip: DEERFIELD BEACH FL 33064

Title BKD  
Name MITCHELL, GREGORY A  
Address 510 SW 13TH PLACE  
City-State-Zip: DEERFIELD BEACH FL 33441

*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: JOHNNY L. ZANDERS SR.**

**PD**

**02/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date