

2017 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 | DT |
| Name | DAVENPORT, FRED |
| Address | 348 NW16TH 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 | VPD |
| Name | WALKER, JESSIE |
| Address | 217 NW 15TH STREET |
| 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 | 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.**PRESIDENT DIRECTOR****01/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date