DOCUMENT# N97000001945	
Entity Name: SET FREE COALITION OUTREACH PROGRAMS, INC.	

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# 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

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

ZANDERS, JOHNNY L 324 NW 16TH PLACE POMPANO BEACH, FL 33060 US

Date

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	PD	Title	VPD
Name	ZANDERS, JOHNNY LSR	Name	WALKER, JESSIE
Address	324 NW 16TH PLACE	Address	217 NW 15TH STREET
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33060
Title	DT	Title	SD
Name	DAVENPORT, FRED	Name	ZANDERS, DEBORAH C
Name	DAVENFORT, FRED	Nume	Zhitbelto, Deboltrillo
Address	348 NW16TH PLACE	Address	324NW 16TH PLACE
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	POMPANO BEACH FL 33060
<b>T</b> :41-			
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

PD

Electronic Signature of Signing Officer/Director Detail

Date