

F240000004402

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

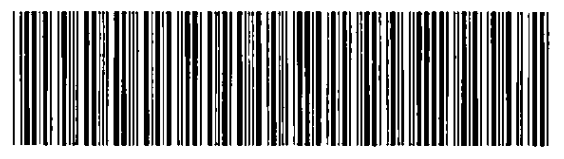
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000049884

Office Use Only



800425597918

03/19/24--01002--005 ++70.00

RECEIVED

MAR 18 2024

2024 AUG -2 PM 4:36



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2024

FELITA ROSS-AHLSTROM  
720 NEW YORK ST  
CLEARWATER, FL 33756 US

SUBJECT: OUR RESOURCE CENTER COMMUNITY OUTREACH  
CORPORATION  
Ref. Number: W24000049884

We have received your document for OUR RESOURCE CENTER COMMUNITY OUTREACH CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 724A00006692

*Rec'd  
8/02/24*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Our Resource Center Community Outreach  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Felita Ross-Ahlstrom  
Name of Person

Our Resource Center Community Outreach  
Firm/Company

(ORCCO)

220 New York St  
Address

Clearwater, FL 33756  
City/State and Zip Code

ORCCO@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felita Ross-Ahlstrom at ( 727 ) 902-8242  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

|  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|---|

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. Our Resource Center Community Outreach, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02-11-2017 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 720 New York St Clearwater, FL 33756  
(Principal office street address)

(Current mailing address, if different)

8. To be an Outreach and Center for the Communities  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Feder Ross-Ahlstrom

Office Address: 720 New York St  
Clearwater, Florida 33756  
(City) (Zip Code)

2019 AUG -2 PM 4:36

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Feder Ross-Ahlstrom  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President Elita Riss-Ahlstrom

☐ Vice President Robert Cornelius Foge

☐ Secretary N. Kitajackum ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Elita Ahlstrom

☐ Vice Chairman Address: 720 New York St

☐ Director Clearwater, FL 33756

☒ President Clearwater, FL 33756

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Cedric Lucky

☐ Vice Chairman Address: 2812 15th Ave S

☐ Director St Petersburg, FL 337

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☒ Secretary \_\_\_\_\_ ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Robert Foge

☐ Vice Chairman Address: 2111 Ithaca St

☐ Director Columbia, SC 29204

☐ President \_\_\_\_\_

☒ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☐ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Roshane McCoy

☐ Vice Chairman Address: 9322 Balsam Ln

☐ Director Houston, TX 77078

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_ ☒ Treasurer

☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Elita Riss-Ahlstrom  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Elita Riss-Ahlstrom  
(Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Our Resource Center Community Outreach, Inc.**

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

RECEIVED

JUN 17 2024

Docket Number : 27312387  
Date Inc/Auth/Filed: 02/16/2017  
Jurisdiction : Georgia  
Print Date : 05/16/2024  
Form Number : 211



For Rejection Letter:

W24000049884

*Brad Raffensperger*

Brad Raffensperger  
Secretary of State