

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30187**

1. Entity Name  
**HOMELESS AND ORPHAN OUTREACH, INC.**



Principal Place of Business  
**400 KENT AVENUE  
LAKE PLACID, FL 33852**

Mailing Address  
**P.O. BOX 1370  
LAKE PLACID, FL 33862**



01072006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2992538**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WHITE, TROY W SR.  
144 JAMISON AVE  
LAKE PLACID, FL 33852**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RULE, BRICK  
162 MORGAN PL  
PORT CHARLOTTE, FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WHITE, TROY SR  
144 HILLSIDE AVENUE  
LAKE PLACID, FL 33852**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAVSEY, JOHN  
108 LAKE JUNE RD  
LAKE PLACID, FL 33852**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIMMONS, LEE  
3410 MILLER AVE  
LAKE PLACID, FL 33852**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DURRANCE, KATHRYN  
1125 PEACHTREE DR  
LAKE PLACID, FL 33852**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HOLT, VIRGINIA  
100 REDWATER LANE  
LAKE PLACID, FL 33852**

U00000382777  
01/12/06-80026-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Troy White - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/06**

Day

**863-699-5010**

Daytime Phone #