

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006793

Entity Name: DUGIT MESSIANIC OUTREACH CENTER, INC.**Current Principal Place of Business:**1000 RIVERSIDE AVE
SUITE 305
JACKSONVILLE, FL 32204**Current Mailing Address:**PO BOX 60099
JACKSONVILLE, FL 32236 US**FEI Number:** 91-2129546**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HENDERSON, JEFF
1000 RIVERSIDE AVE
SUITE 305
JACKSONVILLE, FL 32204 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:** JEFF HENDERSON

01/26/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, TREASURER
Name HENDERSON, JEFF PASTOR
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

Title PRESIDENT CO-FOUNDER
Name MIZRACHI, AVI
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

Title PRESIDENT CO-FOUNDER
Name MIZRACHI, BRENDA
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

Title SECRETARY
Name STOKER, RICK PASTOR
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

Title DIRECTOR
Name ESPEY, TOMMY PASTOR
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

Title DIRECTOR
Name PEACHER, BART
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

Title DIRECTOR
Name ZINK, PAUL
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

Title DIRECTOR
Name SILVERMAN, NATE
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

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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: LAURA YORK**DIRECTOR**

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOAZ, DEVORA
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236

Title DIRECTOR
Name DONNA HOOVER
Address PO BOX 60099
City-State-Zip: JACKSONVILLE FL 32236