

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007763

Entity Name: PROJECT OUTREACH, INC.**Current Principal Place of Business:**785 23RD ST SW
NAPLES, FL 34117**Current Mailing Address:**11665 COLLIER BLVD #990279
NAPLES, FL 34116 US**FEI Number:** 90-0878840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEISTER, TIM
785 23RD ST SW
NAPLES, FL 34117 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	P
Name	MEISTER, ANGELA
Address	785 23RD ST SW
City-State-Zip:	NAPLES FL 34117

Title	VP
Name	THOMAS, JULIE
Address	785 23RD ST SW
City-State-Zip:	NAPLES FL 34117

Title	SEC
Name	DUQUET, CASSIE
Address	785 23RD ST SW
City-State-Zip:	NAPLES FL 34117

Title	TRES
Name	MEISTER, TIMOTHY
Address	785 23RD ST SW
City-State-Zip:	NAPLES FL 34117

Title	OFFICER
Name	FLOTHE, NICHOLE
Address	785 23RD ST SW
City-State-Zip:	NAPLES FL 34117

Title	OFFICER
Name	DALTON, SHAUN
Address	785 23RD ST SW
City-State-Zip:	NAPLES FL 34117

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: TIMOTHY MEISTER

TRES

04/01/2014

Electronic Signature of Signing Officer/Director Detail_____
Date