

**2016 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 J MEISTER

TRES

05/13/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date