

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000728

Entity Name: PAY IT FORWARD OUTREACH, CORP**Current Principal Place of Business:**2203 SE 28 PLACE
OCALA, FL 34471**Current Mailing Address:**2203 SE 28 PLACE
OCALA, FL 34471 US**FEI Number:** 46-4558350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VITALE, BONNIE A
2203 SE 28 PLACE
OCALA, FL 34471 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 TREASURER
Name BUCKNER, RHONDA J
Address 3200 SE 20 AVE
City-State-Zip: Ocala FL 34471

Title EXECUTIVE SECRETARY
Name HAY, JENNIFER L
Address 2855 SE 38 STREET
City-State-Zip: Ocala FL 34471

Title PRES
Name VITALE, BONNIE A
Address 2203 SE 28 PLACE
City-State-Zip: Ocala FL 34471

Title OFFICER
Name SWIHART, JANELLE MISS
Address 4068 S. RAINBOW DR
City-State-Zip: INVERNESS FL 34452

Title OFFICER
Name CAMBRIA, JANA MRS
Address 9 HANDICAPPERS LANE
City-State-Zip: Ocala FL 34482

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: BONNIE A. VITALE**PRESIDENT****01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date