

2019 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 HALLAMEYER, NANCY D
Address 8455 SW 63RD AVE
City-State-Zip: Ocala FL 34476

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

Title OFFICER
Name ADAMS, BRENDA
Address 1608 NE 37TH AVE
City-State-Zip: Ocala FL 34470

Title DIRECTOR
Name MEDINA, MILDRED
Address 11752 NE JACKSONVILLE RD
City-State-Zip: ANTHONY FL 32617

Title DIRECTOR
Name TORRES, VANESSA
Address 3883 SW 171 LANE
City-State-Zip: Ocala FL 34473

Title DIRECTOR
Name TORRES, ERNESTO
Address 3883 SW 171 LANE
City-State-Zip: Ocala FL 34473

Title OFFICER
Name SAXE, MICHAEL
Address 6279 SE 8TH LANE
City-State-Zip: Ocala FL 34472

Continues on page 2

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 VITALE

COO

01/28/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title OFFICER
Name KOEHLER, BECKY
Address 9181 SE 171 DRAYTON PL
City-State-Zip: THE VILLAGES FL 32162

Title OFFICER
Name JUSINO, DORIS
Address 4739 SE37 ST
City-State-Zip: OCALA FL 34480