2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2017
Secretary of State
CC3652606188

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Entity Name: EXPRESSIONS OF LOVE OUTREACH FOUNDATION, INC.

Current Principal Place of Business:

3400 NE 1ST AVENUE
POMPANO BEACH, FL 33064

Current Mailing Address:

3400 NE 1ST AVENUE
POMPANO BEACH, FL 33064 US

FEI Number: 46-5594612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, TONY
3400 NE 1ST AVENUE
POMPANO BEACH, FL 33064 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	D
Name	HALL, TONY
Address	3400 NE 1ST AVENUE
City-State-Zip:	POMPANO BEACH FL 33064

Title	D
Name	PUNCHES, LACORA
Address	211 LAKE POINTS DRIVE #211
City-State-Zip:	OAKLAND PARK FL 33309

Title	DIRECTOR
Name	EDMOND, TRINA
Address	241 NE 31ST STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	DIRECTOR
Name	CHERY, HAZEL
Address	141 NE 24TH STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	COO
Name	HALL, THERETTA
Address	3400 NE 1ST AVENUE
City-State-Zip:	POMPANO BEACH FL 33064

Title	D
Name	CLEVELAND, NIKKITRESS
Address	720 NW 17TH STREET
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	HALL, ALLYSON
Address	3400 NE 1ST AVENUE
City-State-Zip:	POMPANO BEACH FL 33064

Title	DIRECTOR
Name	WHITE, SHERRI
Address	1321 NW 9TH AVE
City-State-Zip:	FT LAUDERDALE FL 33311

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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: THERETTA HALL DIRECTOR 01/09/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ANGILOT, JOANNE
Address	4810 NE 6TH AVE
City-State-Zip:	FT LAUDERDALE FL 33334