

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004736

**Entity Name:** MIDTOWN OUTREACH EXPERIENCE, INC.

**Current Principal Place of Business:**

844 S. DR. MARTIN LUTHER KING, JR. BLVD  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

P. O. BOX 11034  
DAYTONA BEACH, FL 32120 US

**FEI Number: 82-1324711**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WATKINS, BELINDA MCELVEEN SR PASTOR  
4636 SOUTH MOON TRAIL  
PORT ORANGE, FL 32129 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: BELINDA MCELVEEN WATKINS, SENIOR PASTOR**

**05/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WATKINS, BELINDA MCELVEEN SR PASTOR  
Address 4636 SOUTH MOON TRAIL  
City-State-Zip: PORT ORANGE FL 32129

Title D  
Name WATKINS, FRANK SR PASTOR  
Address 34 LEONARDI STREET  
City-State-Zip: ST. AUGUSTINE FL 32085

Title D  
Name LENNY, MELODIE  
Address 229 S. RIDGEWOOD AVENUE, APT. 701  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name QUARTERMAN, ROBIN  
Address 4134 HALIFAX DRIVE  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name DAVIS, PAULETTE ADMIN. PASTOR  
Address 844 S. DR. MARTIN LUTHER KING, JR. BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

*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: BELINDA M WATKINS**

**PRESIDENT**

**05/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date