

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006262

**Entity Name:** ONE BODY OUTREACH, COMMUNITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**11920 HULL RD  
CLERMONT, FL 34711**Current Mailing Address:**PO BOX 121545  
CLERMONT, FL 34712 US**FEI Number: 81-2951807****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLE, FREDDIE L. JR.  
11920 HULL RD.  
CLERMONT, FL 34711 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:** FREDDIE L COLE

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO	Title	DIRECTOR
Name	COLE, FREDDIE LEE JR.	Name	COLE, KHALILAH AYANA
Address	650 11TH ST	Address	650 11TH ST
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711
Title	SECRETARY	Title	VP
Name	ISOM, SHEMEKA	Name	SYKES, DRUMMOND
Address	PO BOX 121545	Address	PO BOX 121545
City-State-Zip:	CLERMONT FL 34712	City-State-Zip:	CLERMONT FL 34712
Title	ASST. TREASURER	Title	EXECUTIVE SECRETARY
Name	SMITH, JOHN	Name	JOHNSON, CLEORA
Address	PO BOX 121545	Address	PO BOX 121545
City-State-Zip:	CLERMONT FL 34712	City-State-Zip:	CLERMONT FL 34712
Title	VOTING MEMBER		
Name	HAINES, JACOB		
Address	PO BOX 121545		
City-State-Zip:	CLERMONT FL 34712		

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:** KHALILAH COLE**DIRECTOR**

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date