

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006262

Entity Name: ONE BODY OUTREACH, INC.**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

01/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COLE, FREDDIE LEE JR.
Address 650 11TH ST
City-State-Zip: CLERMONT FL 34711

Title ADMINISTRATOR
Name COLE, KHALILAH AYANA
Address 650 11TH ST
City-State-Zip: CLERMONT FL 34711

Title VOTING MEMBER
Name WIDEMAN, JOHN
Address PO BOX 121545
City-State-Zip: CLERMONT FL 34712

Title VP
Name SYKES, DRUMMOND
Address PO BOX 121545
City-State-Zip: CLERMONT FL 34712

Title OVERSEER
Name SMITH, JOHN
Address PO BOX 121545
City-State-Zip: CLERMONT FL 34712

Title VOTING MEMBER
Name MONTGOMERY, BRIDGET
Address PO BOX 121545
City-State-Zip: CLERMONT FL 34712

Title CARE PASTOR
Name SYKES, ROBIN
Address PO BOX 121545
City-State-Zip: CLERMONT FL 34712

Title VOTING MEMBER
Name WILLIAMS, LESLIE
Address PO BOX 121545
City-State-Zip: CLERMONT FL 34712

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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: KHALILAH COLE**ADMINISTRATOR**

01/02/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VOTING MEMBER
Name	HAINES, JACOB
Address	PO BOX 121545
City-State-Zip:	CLERMONT FL 34712