

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000009050

**Entity Name:** SURROUNDED FAMILY OUTREACH MINISTRY INC**Current Principal Place of Business:**3004 E IDLEWILD AVE  
TAMPA, AL 33610**Current Mailing Address:**3004 E IDLEWILD AVE  
TAMPA, AL 33610 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLETCHER, CARMEN R  
3004 E IDLEWILD AVE  
TAMPA, FL 33610 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	P
Name	FLETCHER, VAN A
Address	3004 E IDLEWILD AVE
City-State-Zip:	TAMPA FL 33610

Title	SEC
Name	FLETCHER, KAREN M
Address	402 KINGS PATH DR
City-State-Zip:	SEFFNER FL 33584

Title	MEM
Name	FLETCHER, UNIQUE F
Address	3004 E IDLEWILD AVE
City-State-Zip:	TAMPA FL 33610

Title	VP
Name	FLETCHER, CARMEN R
Address	3004 E IDLEWILD AVE
City-State-Zip:	TAMPA FL 33610

  

Title	MEM
Name	HARPER, SHEREA
Address	10263 WHISPERING FOREST APT 616
City-State-Zip:	JACKSONVILLE FL 32257

  

Title	MEM
Name	HOPE, JENNIFER A
Address	402 KINGS PATH
City-State-Zip:	SEFFNER FL 33584

*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:** CARMEN R FLETCHER**MANAGER****02/28/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date