

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011997

Entity Name: COMMUNITY LIFE CENTER OUTREACH, INC.

Current Principal Place of Business:

19048 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33948

Current Mailing Address:

PO BOX 495925
PORT CHARLOTTE, FL 33949 US

FEI Number: 87-3541017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIEPENHOFF, DAN
19048 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33948 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 PD
Name RIEPENHOFF, DAN
Address 4290 RANDYPAAR STREET
City-State-Zip: PORT CHARLOTTE FL 33948

Title VPD
Name RIEPENHOFF, JAN
Address 4290 RANDYPAAR STREET
City-State-Zip: PORT CHARLOTTE FL 33948

Title TSD
Name SCHMITZ, LYNNE
Address 1525 DORCHESTER STREET
City-State-Zip: PORT CHARLOTTE FL 33952

Title D
Name PINDER, JAMES
Address 18430 TEMPLE AVENUE
City-State-Zip: PORT CHARLOTTE FL 33948

Title D
Name COFFEY, MARK REV.
Address 18512 JAY AVENUE
City-State-Zip: PORT CHARLOTTE FL

Title D
Name WRIGHT, GLORIA
Address 18579 ROBINSON AVE
City-State-Zip: PORT CHARLOTTE FL 33948

Title TREASURER
Name POULTON, TAMMY
Address 21192 BASSETT AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

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: RIEPENHOFF, JAN

VP

02/05/2023

Electronic Signature of Signing Officer/Director Detail

Date