2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28924

Entity Name: THE OUTREACH CLINIC, INC.

Current Principal Place of Business:

517 NORTH PARSONS AVE BRANDON, FL 33511

Current Mailing Address:

517 NORTH PARSONS AVENUE BRANDON, FL 33510 US

FEI Number: 59-2917499 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLISON, HEDRICK A 517 NORTH PARSONS AVENUE BRANDON, FL 33510 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: ALLISON A HEDRICK 01/23/2023

Electronic Signature of Registered Agent

Date

FILED Jan 23, 2023

Secretary of State

6128530336CC

Officer/Director Detail:

Title DIRECTOR Title **PRESIDENT**

DUPRE, IRVING M POAGE, MELLISSA Name Name 1206 GOLF MEADOW BLVD. 2548 ARBORWOOD DR Address Address

City-State-Zip: VALRICO FL 33596 VALRICO FL 33596 City-State-Zip:

Title EXECUTIVE DIRECTOR Title DIRECTOR Name HEDRICK, ALLISON Name SCHOONMAKER, ANN RN

5407 MATCH POINT PLACE Address Address 714 GASPARINO CT

LITHIA FL 33547 City-State-Zip: City-State-Zip: SEFFNER FL 33584

Title VΡ Title **DIRECTOR**

Name TAPPER, ADA PARKS, STEPHEN DR. Name

Address 14806 HERONGLEN DR. 4603 DOGWOOD HILLS CT Address

City-State-Zip: LITHIA FL 33547 BRANDON FL City-State-Zip:

Title DIRECTOR Title **TREASURER** Name ALLEN, BARB ADAMS, DEB Name

1918 RUTHERFORD Address Address 802 LUMSDEN City-State-Zip: DOVER FL 33527 BRANDON FL 33511 City-State-Zip:

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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: ALLISON ALVAREZ HEDRICK

EXECUTIVE DIRECTOR

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name BROMLEY, DAVID

Address 1421 NEW BRITAIN DRIVE

City-State-Zip: BRANDON FL 33511

Title DIRECTOR

Name DI SILVA, MICHELLE

Address 2571 REGAL RIVER ROAD

City-State-Zip: VALRICO FL 33596

Title DIRECTOR

Name GOODSON-CELERIN, WENDI

Address 713 TUSCANNY STREET

City-State-Zip: BRANDON FL 33511