

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002659

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC2296835250**

**Entity Name:** UNITED COMMUNITY OUTREACH, INC.

**Current Principal Place of Business:**

1411 EAST MAIN STREET, SUITE 5  
LEESBURG, FL 34748

**Current Mailing Address:**

P. O. BOX 491003  
LEESBURG, FL 34749

**FEI Number: 59-3447513**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BROWN, ALONZO C  
7230 PLANTAIN DRIVE  
ORLANDO, FL 32818 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 BROWN, ALONZO C  
Address 7230 PLANTAIN DRIVE  
City-State-Zip: ORLANDO FL 32818

Title VP  
Name GREGG, MARY AMRS  
Address 14210 PLANTATION PARK  
BLVD,#1215  
City-State-Zip: CHARLOTTE NC 28277

Title TD  
Name WILLIAMS, DELPHINE SMRS  
Address 104 NORTH FAULKNER AVENUE  
City-State-Zip: LEESBURG FL 34748

Title SECRETARY  
Name WARD, GEORGETTE  
Address P. O. BOX 491003  
City-State-Zip: LEESBURG FL 34749

*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: ALONZO C. BROWN**

**PD**

**04/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date