

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000005903

Entity Name: OUT TEACH CORPORATION**Current Principal Place of Business:**ONE THOMAS CIR., STE. 700
WASHINGTON, DC 20005**Current Mailing Address:**ONE THOMAS CIR., STE. 700
WASHINGTON, DC 20005 US**FEI Number:** 20-5946552**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DR., 1ST FLOOR
TALLAHASSEE, FL 32301 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	BOARD CHAIR
Name	LEVINE, NICOLE
Address	8317 WOODHAVEN BOULEVARD
City-State-Zip:	BETHESDA MD 20817

Title	CFOO
Name	MOONEY, CLAIRE
Address	ONE THOMAS CIRCLE, NW SUITE 700
City-State-Zip:	WASHINGTON DC 20005

Title	PROGRAM COMMITTEE CHAIR
Name	GARRETT, KELLY
Address	868 NEWPORT AVE
City-State-Zip:	ST. LOUIS MO 63119

Title	CEO
Name	MCCARTY, JEANNE
Address	ONE THOMAS CIRCLE, NW SUITE 700
City-State-Zip:	WASHINGTON DC 20005

Title	D
Name	FERRI, JAMES
Address	8403 COLESVILLE RD.
City-State-Zip:	SILVER SPRINGS MD 20910

Title	D
Name	FRY, TOM
Address	130 E. JOHN CARPENTER FWY.
City-State-Zip:	IRVING TX 75062

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: CLAIRE MOONEY

CFOO

02/13/2025

Electronic Signature of Signing Officer/Director Detail_____
Date