

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005747

**FILED**  
**Feb 15, 2013**  
**Secretary of State**  
**CC2238229542**

**Entity Name:** PARKVIEW OUTREACH COMMUNITY CENTER INC.

**Current Principal Place of Business:**

1205 DR. MARTIN L KING JR WAY  
HAINES CITY, FL 33844

**Current Mailing Address:**

1205 DR. MARTIN L KING JR WAY  
HAINES CITY, FL 33844

**FEI Number: 01-0790991**

**Certificate of Status Desired: Yes**

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

JENNINGS, Omayra  
1205 DR. MARTIN L KING JR WAY  
HAINES CITY, FL 33844 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: Omayra Jennings**

**02/15/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name THOMAS, ROOSEVELT  
Address 597 VILLA PARK ROAD  
City-State-Zip: KISSIMMEE FL 34759

Title MD  
Name DEGNAN, MICHAEL DR.  
Address 2612 CREST DRIVE  
City-State-Zip: HAINES CITY FL 33844

Title CHAIRMAN  
Name BROWN, BEVERLEY  
Address 111 LAKE HOLLINGWORTH DRIVE  
City-State-Zip: LAKELAND FL 33801

Title CMC  
Name THOMPSON, JUANETTA  
Address 325 MEDINA COURT  
City-State-Zip: KISSIMMEE FL 34758

Title DIRECTOR  
Name GILLEY, TERRILL  
Address 1013 CANAL ROAD  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name KRESSEL, YEN YEN  
Address 1202 CAMBRIA BEND  
City-State-Zip: KISSIMMEE FL 34759

Title DIRECTOR  
Name WEITZ, MICHAEL N  
Address 674 TAPATIO LANE  
City-State-Zip: KISSIMMEE FL 34759

Title OTHER  
Name JENNINGS, Omayra  
Address 911 BONNEVILLE LANE  
City-State-Zip: KISSIMMEE FL 34759

*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: Omayra Jennings**

**CLINIC ADMINISTRATOR 02/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date