

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005747

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC5272026909**

**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: No**

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

KENT, PATRICIA  
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: PATRICIA KENT**

**04/25/2018**

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 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 BOARD MEMBER  
Name CARTER, JERRY  
Address 3500 BAKER AVE  
City-State-Zip: HAINES CITY FL 33844

Title BOARD MEMBER  
Name JONES, CLARENCE  
Address 130 RANCHO MIRAGE DR  
City-State-Zip: KISSIMMEE FL 34759

**Continues on page 2**

*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: ROOSEVELT THOMAS**

**DIRECTOR**

**04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GILLEY, TERRILL  
Address        1205 DR. MARTIN L KING JR WAY  
City-State-Zip: HAINES CITY FL 33844