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.

PRESIDENT

SIGNATURE: MITHLESHWARIE MOTI

Electronic Signature of Signing Officer/Director Detail

FEI Number: NOT APPLICABLE Name and Address of Current Registered Agent:

MOTI, MITHLESHWARIE 614 PARAKEET COURT KISSIMMEE, FL 34759 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

Officer/Director Detail :

Title	Р	Title	S
Name	MOTI, MITHLESHWARIE	Name	AUSTRIA, ROMEL
Address	614 PARAKEET COURT	Address	614 PARAKEET COURT
City-State-Zip:	KISSIMMEE FL 34759	City-State-Zip:	KISSIMMEE FL 34759

Certificate of Status Desired: Yes

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1600007232

Entity Name: KISSIMMEE-POINCIANA HOMELESS OUTREACH, INC.

Current Principal Place of Business:

614 PARAKEET COURT KISSIMMEE, FL 34759

Current Mailing Address: 614 PARAKEET COURT KISSIMMEE, FL 34759 US

06/08/2020 Date

FILED Jun 08, 2020 Secretary of State 0077553587CC

Date