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: MITHLESHWARIE MOTI

Electronic Signature of Signing Officer/Director Detail

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			


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

# 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 ·

	Ρ	Title	S				
e	MOTI, MITHLESHWARIE	Name	AUSTRIA, ROMEL				
ess	614 PARAKEET COURT	Address	614 PARAKEET COURT				

PRESIDENT

04/08/2022

FILED Apr 08, 2022 Secretary of State 4432832212CC

Certificate of Status Desired: Yes

Date

Date

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT