

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 763632

1. Entity Name

THE UNITED EVANGELICAL & MISSIONARY OUTREACH
INC.



Principal Place of Business

4200 JUNIPER STREET
PORT CHARLOTTE, FL 33948

Mailing Address

631 GROVE AVE NW
PORT CHARLOTTE, FL 33952



07052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2259167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HASTINGS, ARTHNEL
631 GROVE AVE
PT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HASTINGS, ARTHNEL, REV.
STREET ADDRESS 631 GROVE AVE
CITY - ST - ZIP PT CHARLOTTE, FL

TITLE VTD
NAME KHALEEL, BASIL, REV
STREET ADDRESS 23505 FERNDAL AVE
CITY - ST - ZIP PT CHARLOTTE, FL

TITLE SD
NAME KHALEEL, ANDREA
STREET ADDRESS 23505 FERNDAL AVE
CITY - ST - ZIP PT CHARLOTTE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000768336
07/12/07-80004-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-2007