


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-12-2004 90034 013 ****61.25

DOCUMENT # 767210

1. Entity Name
UNITED EVANGELICAL & MISSIONARY OUTREACH OF PALM COAST FL., INC.



Principal Place of Business Mailing Address

C/O NORIS HENRY C/O NORIS HENRY
 7 BRIAN LANE 7 BRIAN LANE
 PALM COAST, FL. 32137 PALM COAST, FL. 32137

66403588



02022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3460874** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROWN, WINSTON
134 FOXHALL LANE
PALM COAST, FL 32137

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WINSTON 134 FOXHALL LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, CARMEN 134 FOXHALL LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROCHESTER, JAMES 75 FLEETWOOD DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM HENRY, NORIS 7 BRIAN LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: Noris Henry *Noris Henry* 2-4-04 386-446-2565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #