

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 767210

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



Principal Place of Business
**99 OLD KINGS ROAD NORTH
 PALM COAST, FL 32137**

Mailing Address
**C/O NORIS HENRY
 7 BRIAN LANE
 PALM COAST, FL 32137**



01202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3460874	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, NORIS
 7 BRIAN LANE
 PALM COAST, FL 32137**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

1100000805088

02/05/08-80096-003 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, NORIS 7 BRIAN LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VICTORIA, MYRIE I 29 WOODLAWN DRIVE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HENRY, BONNYE E 7 BRIAN LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLIMORE, DOREEN 61 PERKINS LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HYMAN, ROY 25 RYBARK LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 empowered.

Noris Henry NORIS HENRY 1/24/08 386-446-2565