

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# 767210

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

**Current Principal Place of Business:**

99 OLD KINGS ROAD NORTH  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3460874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HENRY, NORIS  
Address: 7 BRIAN LANE  
City-St-Zip: PALM COAST, FL 32137

Title: SD ( ) Delete  
Name: VICTORIA, MYRIE I  
Address: 29 WOODLAWN DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: VTD ( ) Delete  
Name: HENRY, BONNYE E  
Address: 7 BRIAN LANE  
City-St-Zip: PALM COAST, FL 32137

Title: TD ( ) Delete  
Name: GALLIMORE, DOREEN  
Address: 61 PERKINS LANE  
City-St-Zip: PALM COAST, FL 32164

Title: ATD ( ) Delete  
Name: HYMAN, ROY  
Address: 25 RYBARK LANE  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MYRIE, VICTORIA I  
Address: 29 WOODLAWN DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORIS HENRY

PD

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date