2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

C/O NORIS HENRY

PALM COAST FL 32137

7 BRIAN LANE

DOCUMENT # 767210

1. Entity Name

C/O NORIS HENRY

PALM COAST FL 32137

7 BRIAN LANE

Principal Place of Business

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



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90202 025 ****61.25

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2. Principal Place of Business			3. Mai	3. Mailing Address			T 140011 10010 81111 10010 11001 11001 11011 81011 81011 81011 81011 81011 81011 81011 81011 81011				
Suite, Apt.	. #, etc.		Su	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			4. FEI Number 59-3460874 Applied For Not Applicable				
Zip Country			Zip	Zip Co						\$8.75 Ac Fee Requir	lditional
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
					Νέ	ıme					
BROWN, WINSTON 134 FOXHALL LANE					Street Address (P.O. Box Number is Not A						
PALM CO	DAST FL 3213	37									
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	•				City				FL	Zip Co	te
8. The above	named entity s	submits this stateme	ent for the purp	ose of changing its	registered of	ice or registe	ered agent, or both, in t	the State of Florid	a. I am	<u>r</u> familiar with	and accept
the obligat	tions of register	ed agent.					,,				
SIGNATURE .											
0.0	Signature, typed or	printed name of registered	agent and title if app	licable. (NOTE	: Registered Agen	t signature require	ed when reinstating)		DATE		
***			————								
		,		9. Election Carr	anaiga Einana	sina	\$5.00 May Be	Maka	Chas	le Davabla	4.0
i	FILE NOW:	FEE IS \$61.25	1	Trust Fund C		,,,,,,	Make Check Payable to Florida Department of State				
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10.		OFFICERS AN	D DIRECTORS	*****	11.		ADDITIONS/CHANGE	ER TO OFFICERS	AND DI	DECTORS	1.10
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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:

SIGNATURE REQUIRED Novis