

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008628

FILED  
Aug 27, 2008  
Secretary of State

**Entity Name:** LAY MISSIONARIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

14472 SMITH SUNDY RD  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

14472 SMITH SUNDY RD  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 41-2066795      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MORRIS, VICTOR  
14472 SMITH SUNDY RD  
DELRAY BEACH, FL 33446      US

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: MORRIS, VICTOR  
Address: 14472 SMITH SUNDY RD  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD      ( ) Delete  
Name: PLUMMER, JEROME E  
Address: 6352 DUCKWEED RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: SD      ( ) Delete  
Name: MCBRIDE, SUSAN M  
Address: 4229 42 WAY  
City-St-Zip: W PALM BEACH, FL 33407

Title: TD      ( ) Delete  
Name: MORRIS, GARY  
Address: 14472 SMITH SUNDY RD  
City-St-Zip: DELRAY BEACH, FL 33446

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

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

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: GARY MORRIS

TD

08/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date