

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008628

FILED
Apr 28, 2009
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 ()

Name and Address of Current Registered Agent:

MORRIS, VICTOR
14472 SMITH SUNDY RD
DELRAY BEACH, FL 33446 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: 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: JEROME PLUMMER

V

04/28/2009

Electronic Signature of Signing Officer or Director

Date