

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000195

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: UNION OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

19200 NORTHWEST 6TH COURT  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

19200 NORTHWEST 6TH COURT  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 04-3642136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GREENE, JOANN  
19200 NW 6 COURT  
MIAMI, FL 33169 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: DP ( ) Delete  
Name: GREENE, WILLIE C  
Address: 19200 NORTHWEST 6TH COURT  
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete  
Name: GREENE, JOANN  
Address: 19200 NORTHWEST 6TH COURT  
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete  
Name: JACKSON, JESSICA  
Address: 18820 NW 41ST AVE.  
City-St-Zip: MIAMI, FL 33055

Title: T ( ) Delete  
Name: ALEXANDER, JOSEPH  
Address: 7668 NW 6TH COURT  
City-St-Zip: MIAMI, FL 33142

**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: JOANN GREENE

VP

03/03/2009

Electronic Signature of Signing Officer or Director

Date