2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002395

FILED Aug 31, 2009 Secretary of State

Entity Name: ETERNAL HOME AND WECARE OUTREACH MINISTRY, INC.

ふという ニレバス	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
	SON AVENUE ERS, FL 33916			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	SOTO AVE ERS, FL 33905			
In accordan	: 61-1485065 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation di	-	, ,	
Name and	I Address of Current Registered Agent	Name and Address of New Registered	Agent:	
119 OLD E	A, TANYA R BURNT STORE RD RAL, FL 33991 US			
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registere	ed agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent Date		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete NASH, BRAD 16984 TIMBERLAKES DRIVE FORT MYERS, FL 339085322	Title: () Change () Addition Name: Address: City-St-Zip:	on	
Name: Address:	VD () Delete DUCLONA, TANYA 119 OLD BURNT STORE RD CAPE CORAL, FL 33991	Title: () Change () Addition Name: Address: City-St-Zip:	on	
Name: Address: City-St-Zip: Title: Name: Address:	DUCLONA, TANYA 119 OLD BURNT STORE RD	Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	DUCLONA, TÂNYA 119 OLD BURNT STORE RD CAPE CORAL, FL 33991 D () Delete MONG, DONALD F REV. 16161 SADDLEWOOD LANE	Name: Address: City-St-Zip: Title: Name: Address:	on	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DUCLONA, TÂNYA 119 OLD BURNT STORE RD CAPE CORAL, FL 33991 D () Delete MONG, DONALD F REV. 16161 SADDLEWOOD LANE CAPE CORAL, FL 339917528 S () Delete PETERSON, DENNIS 661 EAST SEMIOLE DR	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	on on	

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: TANYA DUCLONA MS 08/31/2009