2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004283

FILED Apr 18, 2009 Secretary of State

Entity Name: NATIONAL EVANGELISTIC UNION OUTREACH NETWORK, INC.

Current Principal Place of Business:		New Principal Place of Business:
2331 NW 1 APT. 112 MIAMI, FL	19TH STREET 33167	
Current M	ailing Address:	New Mailing Address:
2331 NW 1 APT. 112 MIAMI, FL	119TH STREET 33167	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent	t: Name and Address of New Registered Agent:
	ISTIC UNION OUTREACH NETWORK, I 19TH STREET 33167 US	INC. LAVETTE, MARIO A 2331 NW 119TH STREET MIAMI, FL 33167 US
	named entity submits this statement for te of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: MARIO LAVETTE	04/18/2009
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete VIOLET WILLIAMS 2331 NW 119TH MIAMI, FL 33167	Title: () Change () Addition Name: Address: City-St-Zip:
Γitle: Name:	VP () Delete SHELTON WEST 5023 S. HALLSDALE AVE.	Title: () Change () Addition Name: Address:
	LOS ANGELES, CA 90062	Address. City-St-Zip:
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	CB () Delete LARRY JOHNSON 137 EAST 4TH STREET LEXINGTON, KY 40508	
City-St-Zip: Title: Name: Address:	CB () Delete LARRY JOHNSON 137 EAST 4TH STREET	City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CB () Delete LARRY JOHNSON 137 EAST 4TH STREET LEXINGTON, KY 40508 D () Delete DERRICK DOUGLAS 18220 NW 31 AVE.	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: VIOLET WILLIAMS P 04/18/2009