

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001112

FILED  
Jul 24, 2009  
Secretary of State

Entity Name: FAMILIES UNITED IN CHRIST OUTREACH MINISTRIES INC

## Current Principal Place of Business:

23473 NW 178 PL.  
HIGH SPRINGS, FL 32655

## New Principal Place of Business:

13123 N.W 155 LANE  
ALACHUA, FL 32616

## Current Mailing Address:

23473 NW 178 PL.  
HIGH SPRINGS, FL 32655

## New Mailing Address:

PO BOX 554  
ALACHUA, FL 32616

FEI Number: 20-8371930      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

COOPER, ANTHONY D  
23473 NW 178 PL.  
HIGH SPRINGS, FL 32655      US

## Name and Address of New Registered Agent:

COOPER, ANTHONY D  
13123 N.W 155 LANE  
ALACHUA, FL 32616      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: \_\_\_\_\_

07/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COOPER, ANTHONY D  
Address: 23473 NW 178 PL.  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D ( ) Delete  
Name: COOPER, ANJANETTE B  
Address: 23473 NW 178 PL.  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D ( ) Delete  
Name: LACEY, SLAMIKE N  
Address: 23473 NW 178 PL.  
City-St-Zip: HIGH SPRINGS, FL 32655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COOPER, ANTHONY D  
Address: 13123 N.W 155 LANE  
City-St-Zip: ALACHUA, FL 32616

Title: D (X) Change ( ) Addition  
Name: COOPER, ANJANETTE B  
Address: 13123 N.W 155 LANE  
City-St-Zip: ALACHUA, FL 32616

Title: D (X) Change ( ) Addition  
Name: LACEY, SHAMIKA N  
Address: 13123 N.W 155 LANE  
City-St-Zip: ALACHUA, FL 32616

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: ANTHONY D. COOPER

D

07/24/2009

Electronic Signature of Signing Officer or Director

Date