

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009087

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** EMBASSY HOUSE MINISTRIES, INC.

**Current Principal Place of Business:**

63 OCEANSIDE DRIVE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

63 OCEANSIDE DRIVE  
PALM COAST, FL 32137

**New Mailing Address:**

P.O. BOX 861173  
SAINT AUGUSTINE, FL 32086

**FEI Number:** 27-1031888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAPPAS, BRIAN J  
63 OCEANSIDE DRIVE  
PALM COAST, FL 32137 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:** D  
**Name:** PAPPAS, SHARON A  
**Address:** 63 OCEANSIDE DRIVE  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** D  
**Name:** PAPPAS, BRIAN J  
**Address:** 63 OCEANSIDE DRIVE  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** D  
**Name:** SJOMELING, LYLE  
**Address:** 117 COASTAL HOLLOW CIRCLE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN J. PAPPAS

DIR.

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date