## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006128

FILED Apr 27, 2009 Secretary of State

Entity Name: MANNE DU CIEL OUTREACH MINISTRIES INC

Current Principal Place of Business:			New Principal Place of Business:	
1108 NW <sup>-</sup> FT LAUDE	1ST AVE ERDALE, FL(	33311		
Current Mailing Address:			New Mailing Address:	
1108 NW <sup>-</sup> FT LAUDE	1ST AVE ERDALE, FL(	33311		
FEI Number:	: 65-0842354	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
770 NORT	AN, DIEUSEU HWEST 37TI ) PARK, FL 3:	H ST.		
The above				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
	e of Florida. <sup>*</sup> RE:			d office or registered agent, or both,
in the State	e of Florida. <sup>*</sup> RE:	submits this statement for the particles of Registered Ag		d office or registered agent, or both,  Date
in the State	e of Florida. <sup>*</sup> RE:	nic Signature of Registered Ag	ent	
in the State SIGNATUF  OFFICER: Title: Name: Address:	e of Florida.  RE: Electro  S AND DIRECT  D ( SAINT JEAN, I 770 NORTHW	onic Signature of Registered Ag  CTORS:  ) Delete	ent	Date
in the State	e of Florida.  RE: Electro  S AND DIREC  D ( SAINT JEAN, I 770 NORTHW OAKLAND PAI  D ( SAINT JEAN, G 770 NORTHW	onic Signature of Registered Agentors:  ) Delete DIEUSEUL TEST 37TH ST. RK, FL 33309  ) Delete	ent  ADDITIONS/CHANGE  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

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: GINETTE SAINT JEAN D 04/27/2009