

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007084

FILED
Apr 30, 2009
Secretary of State

Entity Name: HARMONY AND UNITY FOR CHRIST INTERNATIONAL COVENANT OUTREACH MINISTRY, INC.

Current Principal Place of Business:

3271 WEST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

4570 NW 70TH AVENUE
LAUDERHILL, FL 33313

Current Mailing Address:

P.O. BOX 17355
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0803103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOYD SR., FRANK
4570 NW 70TH AVENUE
LAUDERHILL, FL 33313 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: PD () Delete
Name: LLOYD SR., FRANK
Address: 4570 NW 70TH AVENUE
City-St-Zip: LAUDERHILL, FL 33313

Title: STD () Delete
Name: GIBSON, BARBARA
Address: 601 GLENWOOD LANE
City-St-Zip: PLANTATION, FL 33317

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FRANCIS, BETTY J
Address: 601 GLENWOOD LANE
City-St-Zip: PLANTATION, FL 33317

Title: D () Change (X) Addition
Name: BUGG, VERNA
Address: P.O. BOX 190003
City-St-Zip: FT LAUDERDALE, FL 33319

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: DR. BARBARA GIBSON

STD

04/30/2009

Electronic Signature of Signing Officer or Director

Date