

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767210

FILED
Mar 29, 2016
Secretary of State
CC2010158152

Entity Name: UNITED EVANGELICAL & MISSIONARY OUTREACH OF PALM COAST FL., INC.

Current Principal Place of Business:

99 OLD KINGS ROAD NORTH
PALM COAST, FL 32137

Current Mailing Address:

C/O NORIS HENRY
7 BRIAN LANE
PALM COAST, FL 32137

FEI Number: 59-3460874

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HENRY, NORIS
7 BRIAN LANE
PALM COAST, FL 32137 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD, PASTOR
Name HENRY, NORIS
Address 7 BRIAN LANE
City-State-Zip: PALM COAST FL 32137

Title VP, DIRECTOR
Name HENRY, BONNYE E
Address 7 BRIAN LANE
City-State-Zip: PALM COAST FL 32137

Title OFFICER
Name GARRELL, KEITH
Address 94 PENNY PACKER LANE
City-State-Zip: PALM COAST FL 32164

Title DEACON, CFO
Name HYMAN, ROY
Address 25 RYBARK LANE
City-State-Zip: PALM COAST FL 32164

Title OFFICER
Name HODGES, TRACEY -ANNE C
Address 226A ST. JOE'S PLAZA DR.
P.O BOX 103
City-State-Zip: PALM COAST FL 32164

Title OFFICER
Name GARRELL, VEDA
Address 94 PENNY PACKER LANE
City-State-Zip: PALM COAST FL 32164

Title OFFICER
Name GREEN, CYNTHIA
Address 60 FALLING OAK LN
City-State-Zip: PALM COAST FL 32137

Title EVANGELIST / SECRETARY
Name WILSON, ESSIE
Address 6 CONCORD PLACE
City-State-Zip: PALM COAST FL 32137

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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: NORIS HENRY

PD / PASTOR

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name MYRIE, VICTORIA
Address 127 SHADY BRANCH TRAIL
City-State-Zip: ORMOND BEACH FL 32174