

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000487

FILED
Apr 23, 2008
Secretary of State

Entity Name: PERKINS FAMILY MINISTRIES, INC.

Current Principal Place of Business:

20660 CAPELLO DR
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

20660 CAPELLO DR
VENICE, FL 34292

New Mailing Address:

FEI Number: 20-4356424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, ANNETTE M
20660 CAPELLO DR
VENICE, FL 34292 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 () Delete
Name: PERKINS, ROBERT M
Address: 20660 CAPELLO DR
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: PERKINS, ANNETTE M
Address: 20660 CAPELLO DR
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: PERKINS, ROBIN M
Address: 20660 CAPELLO DR
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: PERKINS, KRISTEEN CPA
Address: 254 MIAMI AVE., W
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HART, RICHARD
Address: 1314 CRABTREE LANE
City-St-Zip: MONETA, VA 24121

Title: D () Delete
Name: HART, BARBIE
Address: 1314 CRABTREE LANE
City-St-Zip: MONETA, VA 24121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ANNETTE PERKINS

SEC

04/23/2008

Electronic Signature of Signing Officer or Director

Date