

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000487

**Entity Name:** PERKINS FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

20660 CAPELLO DR  
VENICE, FL 34292

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC4805743955**

**Current Mailing Address:**

20660 CAPELLO DR  
VENICE, FL 34292

**FEI Number: 20-4356424**

**Certificate of Status Desired: No**

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

PERKINS, ANNETTE M  
20660 CAPELLO DR  
VENICE, FL 34292 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 D  
Name PERKINS, ROBERT M  
Address 20660 CAPELLO DR  
City-State-Zip: VENICE FL 34292

Title D  
Name PERKINS, ANNETTE M  
Address 20660 CAPELLO DR  
City-State-Zip: VENICE FL 34292

Title D  
Name PERKINS, ROBIN M  
Address 20660 CAPELLO DR  
City-State-Zip: VENICE FL 34292

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

Title D  
Name HART, RICHARD  
Address 1314 CRABTREE LANE  
City-State-Zip: MONETA VA 24121

Title D  
Name HART, BARBIE  
Address 1314 CRABTREE LANE  
City-State-Zip: MONETA VA 24121

*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: ANNETTE PERKINS**

**SECRETARY**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date