

# 2002 UNIFORM BUSINESS REPORT (UBR)

9/9/2002-90004-001-\$61.25-\$61.25

DOCUMENT # N00000000479

1. Entity Name

PERFECTING PRAISE MINISTRIES, INC.

APPROVED  
AND  
FILED

02 OCT 25 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

38 SOUTH HASTINGS STREET  
ORLANDO FL 32803

38 SOUTH HASTINGS STREET  
ORLANDO FL 32803

2. Principal Place of Business

7462 Bordwine Dr  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 680006  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

Zip

32818

Country

City & State

Orlando, FL 32818-0006

Zip

Country

4. FEI Number

59-3616671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAXTER, ROBERT S SR  
7462 BORDWINE DR.  
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Robert S. Baxter Sr. Robert S. Baxter Sr.

8.31.2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, ROBERT S PASTOR 7462 BORDWINE DR. ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, GRACE PASTOR 7462 BORDWINE DR. ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTHOUR, TORREY ELDER 1622 WILLIE MAYS PKWY. ORLANDO FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, ANDRAY SR. 7110 KENSINGTON HIGH BLVD. ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, VALERIE 6715 GIANT OAK LANE, #246 ORLANDO FL 32810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marcellus Wells 5499 Karen Court Orlando, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Crystal Brooks 7110 Kensington High Blvd Orlando, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Erica Vinson 4904 Blanner Drive Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Archie Keaton 3016 Hammersmith Orlando, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Grace W. Baxter Grace W. Baxter

8.31.2002 (407) 523-0484

Date

Daytime Phone #