

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000479

FILED
Jun 23, 2009
Secretary of State

Entity Name: PERFECTING PRAISE MINISTRIES, INC.

Current Principal Place of Business:

2309 SILVER STAR RD
ORLANDO, FL 32804

New Principal Place of Business:

4188 MINOSO
ORLANDO, FL 32811

Current Mailing Address:

2309 SILVER STAR RD
ORLANDO, FL 32804

New Mailing Address:

2474 GREYWALL AVENUE
OCOE, FL 34761

FEI Number: 59-3616671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAXTER, ROBERT S SR
2474 GREYWALL AVE
OCOE, FL 34761 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: CEO () Delete
Name: BAXTER, ROBERT S SR
Address: 2474 GREYWALL AVE
City-St-Zip: ORLANDO, FL 34761

Title: VP () Delete
Name: BAXTER, GRACE N
Address: 2474 GREYWALL AVE
City-St-Zip: ORLANDO, FL 34761

Title: CHR () Delete
Name: BAXTER, ROBERT S SR
Address: 2474 GREYWALL AVE
City-St-Zip: OCOE, FL 34761

Title: CFO () Delete
Name: BROWN, CARLOS
Address: 7408 BORDWINE DR
City-St-Zip: ORLANDO, FL 32818

Title: COMP () Delete
Name: BAXTER, ROBERT S JR
Address: 2474 GREYWALL AVE
City-St-Zip: OCOE, FL 34761

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: COMP (X) Change () Addition
Name: BAXTER, ROBERT S JR
Address: 2501 GOOD HOMES ROAD
City-St-Zip: ORLANDO, FL 32818

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: GRACE N. BAXTER

VP

06/23/2009

Electronic Signature of Signing Officer or Director

Date