

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90115 025 \*\*\*\*70.00

**DOCUMENT # N00000000826**

1. Entity Name  
**PERFECTED PRAISE CORP.**



Principal Place of Business  
**4040 NW 187TH TERRACE  
MIAMI, FL 33055**

Mailing Address  
**4040 NW 187TH TERRACE  
MIAMI, FL 33055**

**50054576**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-1048920**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, APRILLE  
4040 NW 187TH TERRACE  
MIAMI, FL 33055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S VP** ☐ Delete  
NAME **STRAWS, JOYCE P**  
STREET ADDRESS **4040 NW 187TH TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33055**

TITLE **BOARD MEMBER** ☐ Change ☐ Addition  
NAME **BISHOP WILLIE E. JONES**  
STREET ADDRESS **2261 NW 58th Street**  
CITY-ST-ZIP **Miami, FL 33142**

TITLE **S** ☐ Delete  
NAME **WALLACE, SANDRA**  
STREET ADDRESS **1131 NW 182 ST**  
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition  
NAME **YASHEIA WILSON**  
STREET ADDRESS **5410 SW 37th Street**  
CITY-ST-ZIP **Hollywood FL 33023**

TITLE **D** ☐ Delete  
NAME **JONES, WILLIE J**  
STREET ADDRESS **2261 N.W. 58TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition  
NAME **SABINE LAMISERE**  
STREET ADDRESS **7904 PEMBROKE ROAD**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **P** ☐ Delete  
NAME **PHILLIPS, APRILLE**  
STREET ADDRESS **4040 NW 187TH TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33055**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition  
NAME **FRANTZ LOUIS**  
STREET ADDRESS **7840 PEMBROKE ROAD (7840)**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **CEO** ☐ Delete  
NAME **JESUS CHRIST**  
STREET ADDRESS **HEAVEN**  
CITY-ST-ZIP

TITLE **BOARD MEMBER** ☐ Change ☒ Addition  
NAME **MALENE ROBINSON**  
STREET ADDRESS **13080 NE 9th Avenue**  
CITY-ST-ZIP **Miami, FL 33023**

TITLE **BOARD MEMBER** ☐ Delete  
NAME **STEPHANE LAMISERE**  
STREET ADDRESS **360 NW 129th Street**  
CITY-ST-ZIP **Miami, FL 33168**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6.30.05**

Date

Daytime Phone #