2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001633

1. Entity Name
FRANCES MARIE PERKINS MINISTRIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 17585 PENSACOLA, FL 32522	P.O. BOX 17585 PENSACOLA, FL 32522

04282005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
41-2111329

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERKINS, FRANCES M
6626 HAMPTON ROAD
PENSACOLA, FL 32522

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000346249
04/30/05-80068-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERKINS, FRANCES M
STREET ADDRESS	6626 HAMPTON ROAD
CITY-ST-ZIP	PENSACOLA, FL 32522
TITLE	SD
NAME	DAVIS, BARBARA A
STREET ADDRESS	4722 BRIDGEDALE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	TD
NAME	PERKINS, GRADY E
STREET ADDRESS	P.O. BOX 17585
CITY-ST-ZIP	PENSACOLA, FL 32522
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Frances M Perkins FRANCES M PERKINS April 27 2005 850 477 5859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #