2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N03000004542

Entity Name: PERFECTING COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

C/O NEW COVENANT PERFECTING MINISTRIES INC
1190 APOPKA BLVD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

C/O NEW COVENANT PERFECTING MINISTRIES INC
1190 APOPKA BLVD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 55-0813504 **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:

TAYLOR, PARIS T
6920 THOUSAND OAKS RD
ORLANDO, FL 32818 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:	PD	( ) Delete
Name:	WHITEHURST-WADE, JULIA	
Address:	4739 SPANIEL ST.	
City-St-Zip:	ORLAND, FL 32818	
Title:	VD	( ) Delete
Name:	TAYLOR, PARIS T	
Address:	6920 THOUSAND OAKS RD	
City-St-Zip:	ORLANDO, FL 32818	
Title:	SD	( ) Delete
Name:	KELLOM, PATSY	
Address:	14 W CELESTE ST	
City-St-Zip:	APOPKA, FL 32703	
Title:	TD	( ) Delete
Name:	WADE, ANDREW	
Address:	4739 SPANITEL ST	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	HAMILTON, DARYL	
Address:	3622 HIGHMOOR CT	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	(X) Delete
Name:	TORRES, RENE	
Address:	1615 WEKIVA CROSSING BLVD	
City-St-Zip:	APOPKA, FL 32703	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIA WHITEHURST WADE PD 05/01/2006

Electronic Signature of Signing Officer or Director — Date