

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003082

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** THE PERFECTING SAINTS CHURCH, INC.

**Current Principal Place of Business:**

2294 MAYPORT ROAD  
UNI 8  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

2294 MAYPORT ROAD  
UNIT 8  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

P. O. BOX 51333  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 27-0032775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, CURTIS C ELDER  
2294 MAYPORT ROAD  
UNI 8  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

JOHNSON, CURTIS C ELDER  
2294 MAYPORT ROAD  
UNIT 8  
ATLANTIC BEACH, FL 32233 US

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:

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, CURTIS C PASTOR  
Address: 2294 MAYPORT ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S ( ) Delete  
Name: BROWN, MARCIA  
Address: 2294 MAYPORT ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T ( ) Delete  
Name: JOHNSON, DIANE  
Address: 2294 MAYPORT ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T ( ) Change (X) Addition  
Name: BROWN, DWAYNE L  
Address: 2294 MAYPORT ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: DWAYNE L. BROWN

T

04/24/2006

Electronic Signature of Signing Officer or Director

Date