

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005260 1. Entity Name FROM GOD'S PERSPECTIVE INTERNATIONAL MINISTRIES, INC.	
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Principal Place of Business 5722 FLAMINGO ROAD #171 COOPER CITY, FL 33330	Mailing Address 5722 FLAMINGO ROAD #171 COOPER CITY, FL 33330
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03082008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1636741	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOUGLAS, LEO 5722 FLAMINGO ROAD #171 COOPER CITY, FL 33330
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**DO NOT WRITE
IN THIS SPACE**

6. 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 except 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 May 1, 2006**

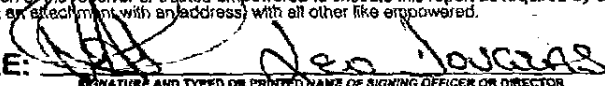
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000540347
05/10/06-80014-015 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DOUGLAS, LEO 5722 FLAMINGO ROAD #171 COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MORELAND 5722 S FLAMINGO ROAD, # 171 COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, KAREN Y 5722 S FLAMINGO ROAD, # 171 COOPER CITY, FL 33330
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/25/06** **954-214-3185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #