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.

Principal Place of Business	Mailing Address
5722 FLAMINGO ROAD #171 COOPER CITY, FL 33330	5722 FLAMINGO ROAD #171 COOPER CITY, FL 33330

DO NOT WRITE IN THIS SPACE

03082008 No Chg-NP CR2E037 (11/05)

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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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 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 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	PCEO
NAME	DOUGLAS, LEO
STREET ADDRESS	5722 FLAMINGO ROAD #171
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	WALKER, MORELAND
STREET ADDRESS	5722 S FLAMINGO ROAD, # 171
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	DOUGLAS, KAREN Y
STREET ADDRESS	5722 S FLAMINGO ROAD, # 171
CITY-ST-ZIP	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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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: Leo Douglas 4/25/06 954-274-3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #