

2006-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

03-08-2006 90179 019 *****70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012705

1. Entity Name

2ND CHAPTER OF ACTS-WORD OF FIRE MINISTRIES,
INC.



Principal Place of Business

1302 - 3RD STREET, NORTH EAST
WINTER HAVEN FL 33881
US

Mailing Address

1302 - 3RD STREET, NORTH EAST
WINTER HAVEN FL 33881
US

2. Principal Place of Business

828 Sixth St, NW

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

4. FEL Number

68-0627435

Applied For

Not Applicable

Zip

33881

Country

USA

Zip

33881

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKINS, JEANNETTE T
1302-3RD STREET, NORTH EAST
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jeannette T. Perkins

Jeannette Perkins

2/27/2006

Signature, typed or printed name of registered agent and date of filing

(NOTE: Registered Agent signature required when filing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	PERKINS, JEANNETTE T	
STREET ADDRESS	1302-3RD STREET, NORTH EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERKINS, JOHN JR.	
STREET ADDRESS	1302-3RD STREET, NORTH EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBINSON, LASAUNDRIA D	
STREET ADDRESS	1302-3RD STREET, NORTH EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, BARBARA A	
STREET ADDRESS	1302-3RD STREET, NORTH EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, CHRISTOPHER L	
STREET ADDRESS	1302-3RD STREET, NORTH EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDANIELS, LAUREL D	
STREET ADDRESS	1130 - 38TH STREET, NORTH WEST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeannette Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2006

(863)651-8535