

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010326

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PERFECTING FAITH MINISTRIES OF OVIEDO, INC.

**Current Principal Place of Business:**

5748 DEAN RD.  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

5748 DEAN RD.  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 26-3818433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIDDLETON, CLINTON  
5748 DEAN RD.  
OVIEDO, FL 32765 US

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

MIDDLETON, CLINTON  
746 APPLETON PLACE  
OVIEDO, FL 32765 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: MIDDLETON, CLINTON  
Address: 746 APPLETON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Change (X) Addition  
Name: MIDDLETON, GLORIA  
Address: 746 APPLETON PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: TRES ( ) Change (X) Addition  
Name: BELL, KRISTOL  
Address: 1904 SILVERLEAF DRIVE #204  
City-St-Zip: ORLANDO, FL 32822

Title: SEC ( ) Change (X) Addition  
Name: PARKER, JACLYN  
Address: 5748 DEAN ROAD  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, YSELA  
Address: 5901 CLYDESDALE PLACE  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify 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: GLORIA MIDDLETON

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date