

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90005 049 ****70.00

DOCUMENT # N96000003666

1. Entity Name

PERFECTED PRAISE AND WORSHIP CENTER INC.

Principal Place of Business

**2037 - 28TH STREET
SARASOTA FL 34234**

Mailing Address

**2037 - 28TH STREET
SARASOTA FL 34234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**LUMSDEN, JAMES B SR
2037 28TH STREET
SARASOTA FL 34234**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LUMSDEN, JAMES B SR**
STREET ADDRESS **2037 28TH STREET**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **VD** ☐ Delete
NAME **LUMSDEN, JAMES B JR**
STREET ADDRESS **14590 SW 37 COURT**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **M** ☐ Delete
NAME **LUMSDEN, DARNELL L**
STREET ADDRESS **808 59 AVENUE DRIVE WEST APT. A**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **DTS** ☐ Delete
NAME **LUMSDEN, ROSEMARY**
STREET ADDRESS **2037 28 STREET**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James B. Lumsden*

SIGNATURE REQUIRED

9/8/2001

941-351-5414

CR2E037 (5/01)