FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 19, 2002 8:00 am Secretary of State DOCUMENT # N9600003666 1. Entity Name 08-19-2002 90137 046 ****70.00 PERFECTED PRAISE AND WORSHIP CENTER INC. Principal Place of Business Mailing Address 975313 2037 - 28TH STREET 2037 - 28TH STREET SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address 1856 MARY 28 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0890523 Not Applicable Country \$8.75 Additional 巾 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUMSDEN, JAMES B SR **2037 28TH STREET** SARASOTA FL 34234 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing ľ After September 13, 2002, Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE ☐ Addition NAME LUMSDEN, JAMES B SR NAME STREET ADDRESS STREET ADDRESS 2037 28TH STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 Change ☐ Addition TITLE ☐ Delete TITLE NAME LUMSDEN, JAMES B JR NAME STREET ADDRESS STREET ADDRESS 14590 SW 37 COURT CITY-ST-7IP CITY-ST-7IP **OCALA FL 34473** ☐ Delete TITLE ☐ Change ☐ Addition LUMSDEN, DARNELL L NAME NAME STREET ADDRESS STREET ADDRESS 808 59 AVENUE DRIVE WEST APT. A CITY-ST-ZIP CITY-ST-ZIE **BRADENTON FL 34207** ☐ Delete Change ☐ Addition TITLE DTS TITLE NAME LUMSDEN, ROSEMARY NAME STREET ADDRESS 2037 28 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

MOMENTED STEET OF A

☐ Delete

8/13/02

☐ Change

■ Addition