

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90002 028 \*\*\*\*61.25

**DOCUMENT # N96000003666**

1. Entity Name

PERFECTED PRAISE AND WORSHIP CENTER INC.



Principal Place of Business

PERFECTED PRAISE AND WORSHIP  
1856 MARTIN LUTHER KING  
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



MOORE

CR2E037 (11/03)

4. FEI Number  
65-0890523

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional 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

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

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**  
**Due By May 1, 2004**

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

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

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

TITLE DTS  
NAME LUMSDEN, ROSEMARY ☐ Delete  
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  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

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 SR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sept 11/04*  
Date

Daytime Phone # 941-400-0457