

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90198 035 \*\*\*\*69.00

**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

**Perfected Praise And Worship**  
Suite, Apt. #, etc.  
**1856 Martin Luther King**

3. Mailing Address

**1156 Coconut Ave**  
Suite, Apt. #, etc.  
**1156 Coconut Ave**

04182006 Chg-NP CR2E037 (11/05)

City & State

**SARASOTA SARASOTA**

City & State

**SARASOTA FLA**

4. FEI Number  
**65-0890523**

Applied For  
Not Applicable

Zip

**34234**

Country

**SARASOTA**

Zip

**34234**

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRIMES, REGINALD  
2737 PALMEDEITA AVE  
SARASOTA, FL 34234**

*Delete*

7. Name and Address of New Registered Agent

Name **JAMES B LUMSDEN SR**

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

**1777 18th St Apt 109**

City

**SARASOTA FLA**

FL

Zip Code

**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

*James B. Lumsden*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 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 **WILLIE JAMES Cannon**  
STREET ADDRESS **VD 1156 Coconut Ave**  
CITY-ST-ZIP **SARASOTA FLA 34236**

TITLE ☒ Change ☐ Addition  
NAME **M. Gloria D Cannon**  
STREET ADDRESS **1156 Coconut Ave**  
CITY-ST-ZIP **SARASOTA FLA 34236**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/2/06**

Date

Daytime Phone #