2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2007 8:00 am Secretary of State DOCUMENT # N96000003666 1. Entity Name 05-04-2007 90082 049 \*\*\*\*61.25 PERFECTED PRAISE AND WORSHIP CENTER INC. Principal Place of Business Mailing Address PERFECTED PRAISE AND WORSHIP 1856 MARTIN LUTHER WAY SARASOTA FL 34234 1156 COCOANUT AVE SARASOTA FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0890523 Not Applicable Zip" Country ...... \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUMSDEN, JAMES B SR Street Address (P.O. Box Number is Not Acceptable) 1777 18TH ST **APT 109** SARASOTA FL 34234 City 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 or registered agent and title if applicable (NOTE, Registered Agent signature required when remislating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Шц ☐ Delete THE Addition NAMI LUMSDEN, JAMES B SR NAMI STREET ADDRESS STREET ADDRESS 2037 28TH STREET CITY ST-ZIP CITY ST ZIP SARASOTA FL 34234 THUE ☐ Defele THE Change Addition CANNON, WILLIE JAMES NAME STRUET ADDRESS 1156 COCOANUT AVE STREET ADDRESS CIFY ST 7IP SARASOTA FL 34236 CITY ST 7IP М ☐ Delete HILE Change Addition NAME CANNON GLORIA D NAMI STREET ADDRESS STREET ADDRESS 1156 COCOANUT AVE CIFY ST-ZIP CHY ST ZIP SARASOTA FL 34236 Delete HHE Change Addition DTS NAME NAME LUMSDEN, ROSEMARY STREET ADDRESS 2037 28 STREET STREET ADDRESS CITY ST-ZIP CHY ST ZIP SARASOTA FL 34234 THIE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CHY ST ZIP MILE ☐ Delete DILI Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Prone #

**FILED**