

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001066

FILED
Jan 04, 2006
Secretary of State

Entity Name: STRIVING FOR PERFECTION MINISTRIES INC.

Current Principal Place of Business:

24 BASS AVE., SW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4214
FT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOLDIN, LARRY
804 FOREST COVE
FT WALTON BEACH, FL 32569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOLDIN, LARRY
Address: 804 FOREST COVE
City-St-Zip: MARY ESTHER, FL 32569

Title: VD () Delete
Name: BOLDIN, JENETT
Address: 804 FOREST COVE
City-St-Zip: MARY ESTHER, FL 32569

Title: DT () Delete
Name: ROULHAC, ALASKA
Address: 715 OVERBROOK DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S () Delete
Name: THOMPSON, ROBIN
Address: 714 OSAGE DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: GINN, GENE
Address: 852 OVERBROOK DR
City-St-Zip: FT WALTON BCH, FL 32547

Title: D () Delete
Name: JOHNSON, MOSE
Address: 226 PELHAM ROAD #5
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMPSON, ROBIN

S

01/04/2006

Electronic Signature of Signing Officer or Director

Date