

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005933

FILED
Apr 09, 2006
Secretary of State

Entity Name: PEREZ MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

902 SOUTH EDGEWOOD AVE.
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

902 SOUTH EDGEWOOD AVE.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3597004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKERSON, ZELMA
8370 EARL CIRCLE WEST
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

HERRING, JOY
870 CORSICA LANE
JACKSONVILLE, FL 32218 US

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: JOY HERRING

04/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DICKERSON, ZELMA
Address: 8370 EARL CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32219

Title: T () Delete
Name: DICKERSON, MAURICE
Address: 8370 EARL CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32219

Title: T () Delete
Name: BROWN, SAMUEL
Address: 5510 POTIER DR.
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: T () Delete
Name: SMART, LAVON
Address: 1627 HELENA STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S () Delete
Name: LATIMER, TOSHA
Address: 11050 HARTS ROAD, APT 1603
City-St-Zip: JACKSONVILLE, FL 32218

Title: V () Delete
Name: DICKERSON, VINCENT
Address: 8370 EARL CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: GREEN, JANICE
Address: 3201 SEINE DR.
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: S (X) Change () Addition
Name: SMART, LAVON
Address: 162 HELENA STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: FS (X) Change () Addition
Name: HERRING, JOY
Address: 870 CORSICA LANE
City-St-Zip: JACKSONVILLE, FL 32218

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: JOY HERRING

FS

04/09/2006

Electronic Signature of Signing Officer or Director

Date