2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005933

FILED Jan 17, 2009 Secretary of State

Entity Name: PEREZ MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 902 SOUTH EDGEWOOD AVE. JACKSONVILLE, FL 32205 **Current Mailing Address: New Mailing Address:** 902 SOUTH EDGEWOOD AVE. 902 SOUTH EDGEWOOD AVE. JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 US FEI Number: 59-3597004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DICKERSON, ZELMA 8370 EARL CIRCLE WEST JACKSONVILLE, FL 32219 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete PST () Change () Addition DICKERSON, ZELMA Name: Name: 8370 EARL CIRCLE W. Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: Title: Title: () Delete () Change () Addition GREEN, JANICE Name: Name: Address: 3201 SEINE DR. Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: () Change () Addition DICKERSON, MARC Name: Name: 1732 SAN MARCO BLVD. #4 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: SMART, LAVON Name: Address: 162 HELENA STREET Address: City-St-Zip: JACKSONVILLE, FL 32208 US City-St-Zip: Title: () Delete Title: () Change () Addition KAMMA, RUBIN Name: Name: 2751 COLD CREEK BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 US City-St-Zip: Title: () Delete Title: () Change () Addition DICKERSON, VINCENT Name: Name: Address: 8370 EARL CIRCLE W Address: JACKSONVILLE, FL 32219 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ZELMA DICKERSON P 01/17/2009