

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90140 005 ****61.25

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DOCUMENT # N99000005933

1. Entity Name

PEREZ MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

6608 OLD KINGS RD
JACKSONVILLE FL 32219

Mailing Address

PO BOX 40513
JACKSONVILLE FL 32205

2. Principal Place of Business

902 South Edgewood Ave

3. Mailing Address

902 South Edgewood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number 59-3597004

Applied For

Not Applicable

Zip

32205

Country

Duval

Zip

32205

Country

Duval

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKERSON, ZELMA
8370 EARL CIRCLE WEST
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name

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

City

FL

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	PST	<input type="checkbox"/> Delete
NAME	DICKERSON, ZELMA	
STREET ADDRESS	8370 EARL CIRCLE W.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	T	<input type="checkbox"/> Delete
NAME	DICKERSON, MAURICE	
STREET ADDRESS	8370 EARL CIRCLE W.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, SAMUEL	
STREET ADDRESS	5510 POTIER DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LATIMER, SHANNON	
STREET ADDRESS	PO BOX 40513 8370 CARL CIRCLE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	S	<input type="checkbox"/> Delete
NAME	LATIMER, TOSHA	
STREET ADDRESS	8370 EARL CIRCLE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	V	<input type="checkbox"/> Delete
NAME	DICKERSON, VINCENT	
STREET ADDRESS	8370 EARL CIRCLE W	
CITY-ST-ZIP	JACKSONVILLE FL 32219	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Zelma Dickerson Zelma Dickerson 4/4/03

CR2E037 (10/02)