

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007279

Entity Name: PROGRESSIVE LIFE CHANGING INTERNATIONAL MINISTRY
INC.**FILED**
Apr 21, 2025
Secretary of State
9413602782CC**Current Principal Place of Business:**1844 54 ST SO GULFPORT
ST. PETERSBURG, FL 33707**Current Mailing Address:**2255 FLORIDA AV SO ST. PETERSBURG 3375
ST PETERSBURG, FL 33705 US**FEI Number: 13-4368827****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KETURA SHNELL HARPER
800 11 STREET NORTH
APT 204
ST. PETERSBURG, FL 33705 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: KETURA SHNELL HARPER****04/21/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PASTOR
Name	HARPER, GAIL
Address	2255 FLORIDA AV SO ST. PETERSBURG 3375
City-State-Zip:	ST PETERSBURG FL 33705

Title	TRES
Name	HARPER, SHIRLEL S
Address	600 40 ST NORTH 301
City-State-Zip:	ST. PETERSBURG FL 33705

Title	OFFICER
Name	OWENS, SHAVONNE
Address	570 34 ST NORTH APT 109
City-State-Zip:	ST PETERSBURG FL 33713

Title	DIRECTOR
Name	HARPER, JOEL JOUSHA
Address	2255 FLORIDA AV SO ST. PETERSBURG 3375
City-State-Zip:	ST PETERSBURG FL 33705

Title	OFFICAL DIRECTOR
Name	NICHOLE E GRAHAM
Address	3656 29 AV SOUTH
City-State-Zip:	ST PETERSBURG FL 33711

Title	OFFICAL DIRECTOR
Name	MIMS, JASMINE
Address	2480 13 AV NORTH APT 207
City-State-Zip:	ST PETERSBURG FL 33713

I hereby 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 all other like empowered.

SIGNATURE: GAIL HARPER**OWNER****04/21/2025**

Electronic Signature of Signing Officer/Director Detail

Date