

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700145

FILED
Jan 30, 2009
Secretary of State

Entity Name: PRIMITIVE CHURCH OF JESUS CHRIST INC

Current Principal Place of Business:

1825 SE HWY 19
INGLIS, FL 34449 US

New Principal Place of Business:

Current Mailing Address:

19371 SE 56TH CT
INGLIS, FL 34449 US

New Mailing Address:

FEI Number: 59-2450338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWTHORNE, RICHARD D
C R 40 A
INGLIS, FL 34449 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: VD () Delete
Name: JONES, WILLIAM G
Address: COUNTRY RD LCR 349
City-St-Zip: INGLIS,, FL 34449 US

Title: TD () Delete
Name: KIRKLAND, RUTH N
Address: 50 HAWTHORNE ST N
City-St-Zip: INGLIS, FL 34449 US

Title: PD () Delete
Name: HAWTHORNE, RICHARD D
Address: C R 40 A
City-St-Zip: INGLIS, FL 34449 US

Title: S () Delete
Name: MCHUGHES, JOYCE A
Address: 19371 SE 56TH COURT
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: JONES, MOZELLE
Address: 25 N MAPLE ST
City-St-Zip: INGLIS, FL 34449 US

Title: D () Delete
Name: KIRKLAND, GREGORY
Address: 50 HAWTHORNE ST N
City-St-Zip: INGLIS, FL 34449 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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
Name:
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 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: JOYCE MCHUGHES

S

01/30/2009

Electronic Signature of Signing Officer or Director

Date