

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 08, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 831924**

**1. Entity Name  
PRIMITIVE METHODIST CHURCH IN THE UNITED  
STATES OF AMERICA**



**Principal Place of Business  
723 PRESTON LN.  
HATBORO, PA 19040**

**Mailing Address  
723 PRESTON LN.  
HATBORO, PA 19040 US**



02012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
NOT APPLICABLE**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PERKINS, FRED REV  
5379 GEIGER CEMETERY RD.  
ZEPHYRHILLS, FL 33541**

**DO NOT WRITE  
IN THIS SPACE**

**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

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE P  
NAME RITTS, KERRY R REV  
STREET ADDRESS 723 PRESTON LANE  
CITY-ST-ZIP HATBORO, PA 190402321**

**TITLE DS  
NAME ALLEN, REV DAVID JR  
STREET ADDRESS 1199 LAWRENCE STREET  
CITY-ST-ZIP LOWELL, MA 01852**

**TITLE T  
NAME BALDWIN, RAYMOND  
STREET ADDRESS 18409 MILL RUN COURT  
CITY-ST-ZIP LEESBURG, VA 201764583**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

1100000220370  
02/08/05-80067-011 70.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Rev Kerry R Ritts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REV. KERRY ROBERT RITTS 215-675-2639**

**PRESIDENT 2-3-05**

Date

Daytime Phone #