

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

07-22-2002 90155 009 ***61.25

DOCUMENT # N00000001124

1. Entity Name

CHRISTIAN PRIMITIVE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

216 NE 65TH STREET
 MIAMI FL 33138

216 NE 65TH STREET
 MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

216 NE 65TH STREET

155 NE 131 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

NORTH MIAMI FL

Zip

Country

33138

DADE

Zip

Country

33138

DADE

4. FEI Number

65-0986391

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIARD, VERGNAUD PASTOR
 216 NE 65TH STREET
 MIAMI FL 33138

Name ABEL CAVIN

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

216 NE 65TH STREET

City MIAMI

FL

Zip Code 33138

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 *Vergnaud Poliard*

(NOTE: Registered Agent signature required when reinstating)

DATE

8-9-02

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VINCENT, CHRISTIAN	
STREET ADDRESS	216 NE 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASSEUS, PIERRE	
STREET ADDRESS	216 NE 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLIARD, VERGNAUD PASTOR	
STREET ADDRESS	1135 NE 156TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEMELFORT, ANNA M	
STREET ADDRESS	216 NE 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASSEUS, ANNE-MARIE	
STREET ADDRESS	216 NE 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, CAVIN	
STREET ADDRESS	216 NE 65th Street	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvio Saintidor	
STREET ADDRESS	216 NE 65th Street	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antoine Tervil	
STREET ADDRESS	216 NE 65th Street	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie-Carmel	
STREET ADDRESS	216 N.E 65th Street	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Augustin, Pierre	
STREET ADDRESS	216 NE 65th Street	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alex, LOUIS	
STREET ADDRESS	216 N.E 65th Street	
CITY-ST-ZIP	MIAMI FL 33138	
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

SIGNATURE REQUIRED

VERGNAUD POLIARD 8-9-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)