

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001124

FILED
Jul 18, 2004
Secretary of State**Entity Name:** CHRISTIAN PRIMITIVE CHURCH OF GOD, INC.**Current Principal Place of Business:**216 NE 65TH STREET
MIAMI, FL 33138**New Principal Place of Business:**567 NE 109TH STREET
MIAMI, FL 33161 US**Current Mailing Address:**155 NE 131 ST
NORTH MIAMI, FL 33161**New Mailing Address:**1135 NE 156TH STREET
NORTH MIAMI, FL 33161 US**FEI Number:** 65-0986391**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CAVIN, ABEL
216 NE 65TH STREET
MIAMI, FL 33138 US**Name and Address of New Registered Agent:**CAVIN, ABEL
774 NW 116TH STREET
MIAMI, FL 33168 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: ABEL CAVIN

07/18/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAINTIDOR, SYLVIO
Address: 216 NE 65TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: TERVIL, ANTOINE
Address: 216 NE 65TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: POLIARD, VERGNAUD PASTOR
Address: 1135 NE 156TH STREET
City-St-Zip: N MIAMI BEACH, FL 33138

Title: D (X) Delete
Name: SEMELFORT, ANNA M
Address: 216 NE 65TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D (X) Delete
Name: CARMEL, MARIE
Address: 216 NE 65TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D (X) Delete
Name: ALEX, LOUIS
Address: 216 NE 6TH ST
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: POLIARD, VERGNAUD PASTOR
Address: 216 NE 65TH STREET
City-St-Zip: MIAMI, FL 33138 US

Title: D/S (X) Change () Addition
Name: SEMELFORT, ANNA
Address: 1135 NE 156TH STREET
City-St-Zip: N MIAMI BEACH, FL 33138 US

Title: D/T (X) Change () Addition
Name: ABEL, CAVIN
Address: 774 NW 116TH STREET
City-St-Zip: MIAMI, FL 33168 US

Title: () Change () Addition
Name:
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 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 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: PASTOR VERGNAUD POLIARD

PRES

07/18/2004

Electronic Signature of Signing Officer or Director

Date