

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90545 043 *****61.25

DOCUMENT # N00000001124

1. Entity Name

CHRISTIAN PRIMITIVE CHURCH OF GOD, INC.



Principal Place of Business

**216 NE 65TH STREET
MIAMI FL 33138**

Mailing Address

**155 NE 131 ST
NORTH MIAMI FL 33161**

2. Principal Place of Business

216 NE 65 STREET

Suite, Apt., etc.

3. Mailing Address

155 NE 131 STREET

Suite, Apt., etc.



SAME

☐ CHECK HERE IF MAKING CHANGES

City & State

NORTH MIAMI, FL

Zip

33161

Country

DADE

City & State

NORTH MIAMI, FL

Zip

33161

Country

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

**CAVIN, ABEL
216 NE 65TH STREET
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-17-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAINTIDOR, SYLVIO	
STREET ADDRESS	216 NE 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	SAME
TITLE	D	<input type="checkbox"/> Delete
NAME	TERVIL, ANTOINE	
STREET ADDRESS	216 NE 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	SAME
TITLE	D	<input type="checkbox"/> Delete
NAME	POLIARD, VERGNAUD PASTOR	
STREET ADDRESS	1135 NE 156TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33138	SAME
TITLE	D	<input type="checkbox"/> Delete
NAME	SEMELFORT, ANNA M	
STREET ADDRESS	216 NE 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	SAME
TITLE	D	<input type="checkbox"/> Delete
NAME	CARMEL, MARIE	
STREET ADDRESS	216 NE 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	SAME
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEX, LOUIS	
STREET ADDRESS	216 NE 6TH ST	
CITY-ST-ZIP	MIAMI FL 33138	SAME

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Vergnaud Poliard* **VERGNAUD POLIARD 2-17-03**

CR2E037 (10/02)