

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005045

FILED
Mar 07, 2005
Secretary of State

Entity Name: PHILADELPHIA PRIMITIVE CHURCH OF GOD, INC.

Current Principal Place of Business:

1233-35 NW 119TH STREET
NORTH MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

1233-35 NW 119TH STREET
NORTH MIAMI, FL 33168

New Mailing Address:

FEI Number: 27-0025899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESRAVINES, JOSEPH
20 NE 139TH STREET
MIAMI, FL 33161 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: PD () Delete
Name: DESRAVINES, JOSEPH
Address: 20 NE 139TH STREET
City-St-Zip: MIAMI, FL 33161

Title: VD () Delete
Name: DESRAVINES, FRANCIS
Address: 245 NW 101 STREET
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: DOLCINE, DUROLAND
Address: 565 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: GEORGE, JOSUE
Address: 85 NW 99TH STREET
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: BERTRAND, JOSEPH
Address: 1120 NW 151 STREET
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: ALCIDE, MONESTIME
Address: 164 NW 118 STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOSEPH DESRAVINES

PD

03/07/2005

Electronic Signature of Signing Officer or Director

Date