2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State
04-29-2004 90238 029 ****61.25

66428648

MOORE CR2E037 (11/03)

DOCUMENT # N02000007437

1. Entity Name
PRIMITIVE CHURCH HOUSE OF GOD OF DELRAY BEACH, INC.

Principal Place of Business	Mailing Address
526 NW 48TH AVE DELRAY BEACH FL 33445	526 NW 48TH AVE DELRAY BEACH FL 33445

2. Principal Place of Business	3. Mailing Address
526 N.W 48th AVE	✓
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DelRay Beach	
City & State: Fl. 33445	City & State
Zip / Country	Zip / Country

4. FEI Number: AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSBY, ALBERTO F REV.
706 SW 23 AVE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name: Busby ALberTo F. Rev.
Street Address (P.O. Box Number is Not Acceptable): 706 S.W 23 AVE
City: BOYNTON BEACH FL Zip Code: 33435

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PREVALUS, NEGRO REV. BISHOP 526 NW 48TH AVE DELRAY BEACH FL 33445	☐ Delete	Rev. Negro Prevalus 526. N.W 48th AVE DelRay Beach Fl. 33445	☒ Change ☐ Addition P. D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUTEAU, ANNA C 635 AUBURN TRACE APT B DELRAY BEACH,FL.33444	☐ Delete	Buteau C. Anna 635 AUBURN TRACE APT B DELRAY BEACH FL 33444	☐ Change ☐ Addition S D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CIUS, NOBERT 2101 CATHERINE DRIVE DELRAY BEACH FL 33445	☐ Delete	Cius Nobert 2101 CATHERINE DR DELRAY BEACH FL 33445	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Rev. NeGRo PREVALUS II 04-25-2004 561-305-4024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment B - N0200007437

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Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-1235682 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
Primitive Church House of God

2 Trade name of business (if different from name on line 1)	3* Executor, trustee, "care of" name
Primitive Chuch House of God	~~Chief Counsel~~ Rev. Negro Prevalus
4a* Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box)
526 NW 48TH AVENUE	~~1095 S Congress Ave~~ 526 N.W 48th AVE
4b* City, state, and ZIP code	5b City, state, and ZIP code
DELRAY BEACH FL 33445 -	Delray Beach FL 33445 -

6* County and state where principal business is located
County PALM BEACH State FL

7a Name of principal officer, general partner, grantor, owner, or trustor.	7b SSN, ITIN, EIN

8a* Type of entity (check only one)

- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☑ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption NO. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country

9* Reason for applying (check only one)

- ☑ Started new business (specify type) ▶ Church
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year)	11* Closing month of accounting year
SEP 30 2002	DEC

12 First date wages or annuities were paid or will be paid (month, day, year) ***Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other
	0	0	0

14* Check box that best describes the principal activity of your business

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Retail
- ☑ Other (specify) - Church Services

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
CHURCH

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note *If "Yes" please complete lines 16b and 16c*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
	Designee's name	Designee's telephone number (include area code) ( ) -
	Address and ZIP code	Designee's fax number (include area code) ( ) -

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	561-305-4024 Applicant's telephone number (include area code)

Attachment – N02000007457 Page 1 of 1

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Internal Revenue Service
DEPARTMENT OF THE TREASURY

The Digital Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-1235682

Today's Date is: June 12, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4 | Fill Out Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.