

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

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90066 030 ****61.25

001288

DOCUMENT # N02000007437

1. Entity Name

PRIMITIVE CHURCH HOUSE OF GOD OF DELRAY BEACH, I NC.



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 NW 48th AVE
DELRAY BEACH FL 33445**

**526 NW 48th AVE
DELRAY BEACH FL 33445**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

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

Name

Busby Alberto F Rev.

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

706 SW 23 AVE Boynton Beach FL 33435

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **PREVALUS, NEGRO REV.**
STREET ADDRESS **526 NW 48TH AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **PD** ☐ Change ☐ Addition
NAME **Prevalus Negro Rev. Bishop**
STREET ADDRESS **526 NW 48th AVE**
CITY-ST-ZIP **DeLray Beach Fl. 33445**

TITLE **SD** ☐ Delete
NAME **BUTEAU, ANNA C**
STREET ADDRESS **635 AUBURN TRACE APT B**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **SD** ☐ Change ☐ Addition
NAME **Buteau Anna C.**
STREET ADDRESS **635 Auburn Trace Apt B**
CITY-ST-ZIP **DeLray Beach FL 33444**

TITLE **TD** ☐ Delete
NAME **CIUS, NOBERT**
STREET ADDRESS **2101 CATHERINE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **T.D.** ☐ Change ☐ Addition
NAME **Cius Nobert**
STREET ADDRESS **2101 Catherine Drive**
CITY-ST-ZIP **DeLray Beach FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Rev Negro Prevalus, Bishop Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)