

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2005
Secretary of State**

DOCUMENT# N03000009842

Entity Name: PRIMITIVE BAPTIST FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 595
ROSWELL, GA 30077

New Principal Place of Business:

PO BOX 595
ROSWELL, GA 30077 US

Current Mailing Address:

PO BOX 595
ROSWELL, GA 30077

New Mailing Address:

PO BOX 595
ROSWELL, GA 30077 US

FEI Number: 58-6034617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATCHINGS, MIKE
1499 GRACE LAKE CIR
LONGWOOD, FL 32750 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: P () Delete
Name: WILLIAMS, FRANK E
Address: 2773 CODY RD
City-St-Zip: VIENNA, VA 22181

Title: V () Delete
Name: MOYE, T. FLOYD
Address: PO BOX 700
City-St-Zip: BARNESVILLE, GA 30204

Title: ST () Delete
Name: HARRIS, DARRYL L
Address: PO BOX 595
City-St-Zip: ROSWELL, GA 30077

Title: ST () Delete
Name: CATCHINGS, MIKE
Address: 1499 GRACE LAKE CIR
City-St-Zip: LONGWOOD, FL 32750

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: AST (X) Change () Addition
Name: CATCHINGS, MIKE
Address: 1499 GRACE LAKE CIR
City-St-Zip: LONGWOOD, FL 32750

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: DARRYL L. HARRIS

ST

01/22/2005

Electronic Signature of Signing Officer or Director

Date