

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005768

FILED
Apr 19, 2006
Secretary of State

Entity Name: PRIMITIVE CHURCH OF ORLANDO, INC.

Current Principal Place of Business:

PO BOX 618426
ORLANDO, FL 32861

New Principal Place of Business:

Current Mailing Address:

PO BOX 618426
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 05-0620996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, DOMINIQUE PASTOR
1273 S KIRKMAN ROAD APT 1173
ORLANDO, FL 32811 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: MOMPRIEMER, JASMIN C SR.
Address: 4155 INGLENOOK LN
City-St-Zip: ORLANDO, FL 32835

Title: V () Delete
Name: MOMPRIEMER, ROSE C
Address: 4155 INGLENOOK LN
City-St-Zip: ORLANDO, FL 32835

Title: PC () Delete
Name: JOSEPH, DOMINIQUE SR
Address: 1273 S KIRKMAN ROAD APT 1173
City-St-Zip: ORLANDO, FL 32811

Title: O () Delete
Name: VENESCAR, HOMERE
Address: 6334 JENNIFER JEAN DR
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: RIGUADON, NICOLAR
Address: 6469 POWER POINT CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: () Delete
Name:
Address:
City-St-Zip:

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: O () Change (X) Addition
Name: JOHANE, JOSEPH
Address: 1273 S KIRKMAN RD APT 1173
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DOMINIQUE JOSEPH

PC

04/19/2006

Electronic Signature of Signing Officer or Director

Date