2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# N05000007065

Entity Name: PRIMITIVE APOSTOLIC CHURCH OF FAITH, INC.

Current Principal Place of Business:

5822 PARADISE LANE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5822 PARADISE LANE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 54-2189229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRITCHARD, DAVIDA
2212 WESTON POINT DR APT 824-BLDG 8
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

PRITCHARD, DAVIDA
2212 WESTON POINT DR
#824-BLDG8
ORLANDO, FL 32810 US

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: _____ 09/05/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCDUFFIE, FRANK ELDER
Address: 5822 PARADISE LANE
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete
Name: MCDUFFIE, BERDIA
Address: 5822 PARADISE LANE
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete
Name: PRITCHARD, DAVIDA H
Address: 2212 WESTON POINT DR APT 824 BLDG 8
City-St-Zip: ORLANDO, FL 32810

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:

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: DAVIDA HOWARD PRITCHARD S/T 09/05/2006
Electronic Signature of Signing Officer or Director — Date