

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011445

FILED  
Mar 20, 2006  
Secretary of State

**Entity Name:** LOVE PRIMITIVE FAMILY CHURCH INC.

**Current Principal Place of Business:**

6229 WINEGARD ROAD  
ORLANDO, FL 32809

**New Principal Place of Business:**

2475 SOUTH ORANGE BLOSSOM TRAIL  
STE A  
ORLANDO, FL 32805

**Current Mailing Address:**

P. O. BOX 590192  
ORLANDO, FL 32859

**New Mailing Address:**

**FEI Number:** 76-0814132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DULYSSE, JONATHAS G  
4608 TOWER PINE ROAD  
ORLANDO, FL 32839 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: DULYSSE, JONATHAS G  
Address: 4608 TOWER PINE ROAD  
City-St-Zip: ORLANDO, FL 32839

Title: VP ( ) Delete  
Name: DERA, CLAUDE  
Address: 309 RIO MANA STREET  
City-St-Zip: ORLANDO, FL 32809

Title: S ( ) Delete  
Name: MIRACLE, LOVINSKI  
Address: 125 SURA BOULEVARD  
City-St-Zip: ORLANDO, FL 32809

**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: JONATHAS G DULYSSE

PRES

03/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date