

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011445

FILED  
Sep 09, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2475 SOUTH ORANGE BLOSSOM TRAIL  
STE A  
ORLANDO, FL 32805

**New Principal Place of Business:**

**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 ( )**  
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:**

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

DULYSSE, JONATHAS G  
5428 ARPANA DRIVE  
ORLANDO, FL 32839      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DULYSSE, JONATHAS G  
Address: 5428 ARPANA DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: VP      ( ) Delete  
Name: CHERY, JACKSON SR  
Address: 6101 BLUE DUCK LANE APT. 21  
City-St-Zip: ORLANDO, FL 32839

Title: S      ( ) Delete  
Name: JN BAPTISTE, GASTON SR  
Address: 1415 40TH STREET  
City-St-Zip: ORLANDO, FL 32839

Title: S      (X) Delete  
Name: DELICE, ONECK  
Address: 198 NORTH LAKE CT  
City-St-Zip: KISSIMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: CHERY, JACKSON SR  
Address: 2958 SOUTH RIO GRANDE APT. B  
City-St-Zip: ORLANDO, FL 32805 O

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 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

P

09/09/2008

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

\_\_\_\_\_  
Date