

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000225

FILED
Apr 06, 2009
Secretary of State

Entity Name: PRIMAL FAITH INC

Current Principal Place of Business:

501 SW 75TH ST #G9
GAINESVILLE, FL 32607

New Principal Place of Business:

5243 VALENCIA ST
LAKE WALES, FL 33898

Current Mailing Address:

501 SW 75TH ST #G9
GAINESVILLE, FL 32607

New Mailing Address:

5243 VALENCIA ST
LAKE WALES, FL 33898

FEI Number: 26-1732299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, THOMAS J
1495 HILLTOP ST
JENSEN BCH, FL 34957 US

Name and Address of New Registered Agent:

FIELDS, THOMAS J
5243 VALENCIA ST
LAKE WALES, FL 33898 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:

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BM (X) Delete
Name: THOMPSON, JOHN
Address: 1874 SE MANTUA
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: JONES, BRENT
Address: 3441 A PEAR TREE LANE
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: FIELDS, THOMAS J
Address: 1495 HILLTOP ST
City-St-Zip: JENSEN BCH, FL 34957

Title: BD () Delete
Name: MCCULLOUGH, WARREN
Address: 420 SE 82ND PLACE
City-St-Zip: OCALA, FL 34480

Title: BM (X) Delete
Name: BIONDICH, BOB
Address: 908 WATER LILLY PLACE
City-St-Zip: JENSEN BCH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FIELDS, THOMAS J
Address: 5243 VALENCIA ST
City-St-Zip: LAKE WALES, FL 33898

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: THOMAS J FIELDS

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date