# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Apr 07, 2005**
**Secretary of State**

DOCUMENT# N97000003506

**Entity Name:** GRACE PRIMITIVE CHURCH OF GOD, INC.

**Current Principal Place of Business:**

14722 N W 7 AVE
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

14130 N W 5 AVE
N MIAMI, FL 33168 US

**New Mailing Address:**

**FEI Number: 65-0770385** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SIMILIEN, MARTIN
14130 N W 5 AVE
MIAMI, FL 33168 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: TD ( ) Delete
Name: SIMILIEN, ANNA
Address: 1145 N W 116 STREET
City-St-Zip: MIAMI, FL 33168

Title: VD ( ) Delete
Name: SAUILIEN, LUC
Address: 500 NW 117 STREET
City-St-Zip: MIAMI, FL 33168

Title: SD ( ) Delete
Name: SIMILIEN, VIERGELIE
Address: 14130 N W 5 AVE
City-St-Zip: N MIAMI, FL 33168

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: PD ( ) Change (X) Addition
Name: SIMILIEN, MARTIN
Address: 14130 NW 5 AVENUE
City-St-Zip: MIAMI, FL 33168 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTIN SIMILIEN PD 04/07/2005

Electronic Signature of Signing Officer or Director — Date