

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003506

FILED  
Mar 30, 2008  
Secretary of State

**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: SAULIEN, 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: PD ( ) Delete  
Name: SIMILIEN, MARTIN  
Address: 14130 NW 5 AVENUE  
City-St-Zip: MIAMI, FL 33168 US

**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: ( ) 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: MARTIN SIMILIEN

PD

03/30/2008

Electronic Signature of Signing Officer or Director

Date