


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005
Secret

DOCUMENT # N98000001845
 1. Entity Name
 CHURCH OF GOD ALLIANCE PRIMITIVE, INC.



Principal Place of Business Mailing Address
 1019 A W COLONIAL 1312 MONTEGA COVE WAY #1438
 ORLANDO, FL 32805 ORLANDO, FL 32809



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3508147 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARIE, STERLING A
 512 SUNSET DRIVE
 ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARIE, STERLING A 1312 MONTEGA COVE WAY #1438 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELJOURNE, FEREL 3074 C.R. SMITH ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/25/05-80088-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Sterling Date: 4/22/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #