2004 NOT: FOR: PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2004 8:00 am Secretary of State DOCUMENT # 713012 1: Entity Name 02-10-2004 90016 014 ****61.25 THE FIRST CHURCH OF JESUS ASSEMBLY, INC. Principal Place of Business Mailing Address 235 JEFFERSON DR CORAL GABLES FL 33133 4111 NW 23RD AVE **MIAMI FL 33142** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 71-3012230 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL, ADA Street Address (P.O. Box Number is Not Acceptable) 235 JEFFERSON DRIVE **MIAMI FL 33133** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE TITLE ಇಂದೇ ಕ*ರಿಂ*ಚೆ NAME NAME STREET ADDRESS | 40541 5 | 4407 68) STREET ADDRESS MILT FR. __.. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE MARSHALL, ADA NAME 235 JEFFERSON DRIVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE MILBRY, VERLIE BERNICE NAME - -NAME 3395 GRAND AVE APT 5 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition HUGHES, EARKIE L NAME NAME 5867 SW 60TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition PIERCE, GLADYS L NAME 14255 SW 109 COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BEASLEY, LENORA NAME NAME 11240 SW 179TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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ADA MAR SHALL/2/4/04 SIGNATURE:

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