


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 713012
 1. Entity Name
THE FIRST CHURCH OF JESUS ASSEMBLY, INC.



Principal Place of Business Mailing Address
4111 NW 23RD AVE **235 JEFFERSON DR**
MIAMI FL 33142 **CORAL GABLES FL 33133**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E037 (5/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
71-3012230 Not Applicable

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

6. Name and Address of Current Registered Agent
MARSHALL, ADA
235 JEFFERSON DRIVE
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

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

Make Check Payable to Florida Department of State

10. SD OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARSHALL, ADA 235 JEFFERSON DRIVE MIAMI, FL 33133 D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILBRY, VERLIE BERNICE 3395 GRAND AVE APT 5 MIAMI, FL 00000 PD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUGHES, EARKIE L 5867 SW 60TH STREET MIAMI FL 33143 D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIERCE, GLADYS L 14255 SW 109 COURT MIAMI FL 33176 D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEASLEY, LENORA 11240 SW 179TH STREET MIAMI FL 33157 D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000377983 09/08/05-80005-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Ada Marshall S.D.* 9-3-05-(305)444-4278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #