

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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



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



2. Principal Place of Business - No P.O. Box #
4111 N.W. 23RD Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State: **Miami, Fl.**
 Zip: **33142** Country: **America**

1st MOORE CR2E037 (10/07)
 4. FEI Number: **71-3012230**
 Applied For: 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: **Ada Marshall**
 Street Address (P.O. Box Number is Not Acceptable):
235 Jefferson Drive
 City: **Coral Gables, FL** Zip Code: **33133**

B. 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: **ADA MARSHALL** *Ada Marshall* **2-4-08**
Signature typed or printed name of registered agent and the Corporation. (NOTE: Registered Agent signature is required when it is stated) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TS HUGHES, EARKIE L 5867 SW 60 ST MIAMI FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARSHALL, ADA 235 JEFFERSON DR CORAL GABLES FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PIERCE, GLADYS L 14255 SW 109TH CT MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BEASLEY, LENORA 11240 SW 179TH ST MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 U00000817035 02/14/08-80080-010 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
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 exemptions contained in Section 119, 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* - **ADA MARSHALL** - **2-4-08** (305) 444-4278