

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-25-2000 90095 041 ****70.00

DOCUMENT # 742009

1. Entity Name

CHURCH OF THE FIRST BORN, INC.

Principal Place of Business

Mailing Address

2260 NW 183RD STREET
 MIAMI FL 33056

2260 NW 183RD STREET
 MIAMI FL 33056-3736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1603931**
~~69-4899884~~

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARKE, DONALD F REV
395 NE 154 ST
MIAMI FL 33162

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, E. (REV.)	
STREET ADDRESS	976 ERIE RD.	
CITY-ST-ZIP	WEST HAMPSTEAD NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARKE, DONALD F. (REV.)	
STREET ADDRESS	395 NE 154 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BYRON E.	
STREET ADDRESS	21011 NE 13TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARVEY, HYGLIVE, D	
STREET ADDRESS	2451 NW 180 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, HERBERT	
STREET ADDRESS	1501 NW 173 TERR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINGLIN, MICHAEL	
STREET ADDRESS	8430 NW 8TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

TITLE	ASSISTANT TREASURER / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASTON A GOLDSON	
STREET ADDRESS	3500 NW 38 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKE FL 33309	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR WRAY	
STREET ADDRESS	3754 NW 209 TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2010 (305) 620 298

Date

Daytime Phone #