

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90104 047 ****70.00

DOCUMENT # N00000005306

1. Entity Name

EBENEZER TABERNACLE ASSEMBLIES OF THE FIRST BORN, INC.

Principal Place of Business

4500 W OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33319

Mailing Address

8481 N.W. 21ST COURT
 SUNRISE FL 33322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0133527

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

REID, MARK A SR.
8481 N.W. 21ST COURT
SUNRISE FL 33322

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.

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	MEATLET, TITUS A REV	
STREET ADDRESS	4471 NW 42ND TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANZO	
STREET ADDRESS	4890 NW 41ST STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRENCH, SYBIL	
STREET ADDRESS	6380 NW 31ST WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	REID, PANSY P	
STREET ADDRESS	8481 NW 21ST CT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	SMITH-BLAKE, ROSETTA	
STREET ADDRESS	3998 NW 33RD AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	WP	<input type="checkbox"/> Delete
NAME	MEATLY, MURIAL	
STREET ADDRESS	4471 NW 42ND TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. TITUS A. MEATLEY	
STREET ADDRESS	71 RADICE CT, Apt 306	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	W.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRS. MURIEL MEATLEY	
STREET ADDRESS	71 RADICE CT, Apt. 306	
CITY-ST-ZIP	LAUDERHILL, FL 33319	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

954-748-3526

Daytime Phone #

CR2E037 (9/01)