

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90042 013 \*\*\*\*70.00

<b>DOCUMENT # N00000005306</b>					
<b>1. Entity Name</b> EBENEZER TABERNACLE ASSEMBLIES OF THE FIRST BORN, INC.					
<b>Principal Place of Business</b> 4500 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33319			<b>Mailing Address</b> 8481 N.W. 21ST COURT SUNRISE, FL 33322		
<b>2. Principal Place of Business</b> 2574 N. UNIVERSITY DR Suite, Apt. #, etc. # 205 City & State SUNRISE, FL Zip 33322 Country U.S.A		<b>3. Mailing Address</b> P.O. Box 190401 Suite, Apt. #, etc. City & State FORT LAUDERDALE, FL Zip 33319 Country U.S.A		% D , , , , , 1 / , 2 D &  04042004 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 65-0133527		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> REID, MARK A SR. 8481 N.W. 21ST COURT SUNRISE, FL 33322			
<b>7. Name and Address of New Registered Agent</b> Name REV. TITUS A. MEATLEY Street Address (P.O. Box Number is Not Acceptable) 7100 RADICE CT, Apt 306 City LAUDERHILL FL Zip Code 33319		<b>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.</b>  SIGNATURE: <u>Titus A. Meatley</u> DATE: <u>4-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEATLEY, TITUS A REV 71 RADICE CT APT 306 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, ANZO 4890 NW 41ST STREET LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRENCH, SYBIL 6380 NW 31ST WAY FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD REID, PANSY P 8481 NW 21ST CT SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SMITH-BLAKE, ROSETTA 3998 NW 33RD AVE LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WP MEATLY, MURIAL 71 RADICE CT APT 306 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>Titus A. Meatley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-12-04</u> Daytime Phone #: <u>954-735-0943</u>		