

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90041 046 \*\*\*\*61.25

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<b>DOCUMENT # N00000005306</b>					
1. Entity Name <b>EBENEZER TABERNACLE ASSEMBLIES OF THE FIRST BORN, INC.</b>					
Principal Place of Business <b>2574 N. UNIVERSITY DR., #205 SUNRISE, FL 33322</b>			Mailing Address <b>PO BOX 190401 FORT LAUDERDALE, FL 33319</b>		
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 <b>65-0133527</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEATLEY, TITUS A REV. 7100 RADICE CT., APT 306 LAUDERHILL, FL 33319			Name <b>MEATLEY, TITUS A. REV.</b> Street Address (P.O. Box Number is Not Acceptable) - <b>7100 RADICE CT., APT 306</b> City <b>LAUDERHILL</b> FL Zip Code <b>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.					
SIGNATURE <b>TITUS A. MEALEY</b>		<i>Titus A Mealey</i>		DATE <b>3-10-05</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEATLEY, TITUS A REV		NAME		
STREET ADDRESS	71 RADICE CT APT 306		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33319		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ANZO		NAME		
STREET ADDRESS	4890 NW 41ST STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRENCH, SYBIL		NAME		
STREET ADDRESS	6380 NW 31ST WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH-BLAKE, ROSETTA		NAME		
STREET ADDRESS	3998 NW 33RD AVE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP		
TITLE	WP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEATLY, MURIAL		NAME		
STREET ADDRESS	71 RADICE CT APT 306		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: <i>Anzo Williams</i>		Date <b>3/8/05</b>		Daytime Phone # <b>954-735-0943</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	