


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90081 030 \*\*\*\*70.00

**DOCUMENT # N00000005306**

1. Entity Name  
**EBENEZER TABERNAACLE ASSEMBLIES OF THE FIRST BORN, INC.**



Principal Place of Business  
**2574 N. UNIVERSITY DR., #205  
 SUNRISE, FL 33322**

Mailing Address  
**PO BOX 190401  
 FORT LAUDERDALE, FL 33319**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
*8481 NW. 21st court*  
 Suite, Apt. #, etc.  
*Sunrise*  
 City & State,  
*Florida*  
 Zip  
*33322*  
 Country  
*USA*



04172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0133527**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**REID, MARK A REV  
 8481 NORTHWEST 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2007**

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 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|--|---|---|
| TITLE<br>VP                | MEATLET, TITUS A REV<br>71 RADICE CT APT 306<br>LAUDERHILL, FL 33319         | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME              | ATD<br>WILLIAMS, ANZO<br>4890 NW 41ST STREET<br>LAUDERDALE LAKES, FL 33319   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME              | P<br>REID, MARK A<br>8481 NORTHWEST 21ST COURT<br>SUNRISE, FL 33322          | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME              | TD<br>SMITH-BLAKE, ROSETTA<br>3998 NW 33RD AVE<br>LAUDERDALE LAKES, FL 33319 | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME              | SWP<br>REID, PANSY P<br>8481 NORTHWEST 21ST COURT<br>SUNRISE, FL 33322       | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME              |  | <input type="checkbox"/> Delete                       | <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 Chapter 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: *Mark A Reid* **4/20/07** **954 748-3526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #