

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002540

FILED
Mar 20, 2007
Secretary of State

Entity Name: ASSEMBLY OF THE FIRSTBORN MINISTRIES, INC.

Current Principal Place of Business:

17241 N.W. 9TH PLACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

17241 N.W. 9TH PLACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-2525413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GASPARD, MAXON
Address: 17241 N.W. 9TH PLACE
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: BON-AMI, HERARD
Address: 1141 S.W. 2ND STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: TD () Delete
Name: ODRIGE, GARAT
Address: 1804 BRAMAN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: PERIODE, AULEAN
Address: 3312 BROADWAY STREET
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GASPARD, MAXON PASTOR
Address: 17241 N.W. 9TH PLACE
City-St-Zip: MIAMI, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. DR. GASPARD, MAXON, OVERSEER

PD

03/20/2007

Electronic Signature of Signing Officer or Director

Date