2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2010
Secretary of State

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Entity Name: ASSEMBLY OF THE FIRSTBORN MINISTRIES, INC.

Current Principal Place of Business:

3800 FOWLER STREET
UNIT 9
FORT MYERS, FL 33901

New Principal Place of Business:

3578 FOWLER STREET
FORT MYERS, FL 33901

Current Mailing Address:

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

New Mailing Address:

870 NW 203TH STREET
HOUSE
MIAMI, FL 33169

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.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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/O
Name: REV. DR. GASPARD, MAXON, APOSTLE BISHOP
Address: 870 NW 203TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169 DA

Title: CEO
Name: STATE OVERSEER OF HAITIANS PENTECOSTAL CHU
Address: 870 NW 203TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

Title: AC/D
Name: ODRIGE, GARAT ACCOUNT
Address: 220N W29STREET
City-St-Zip: CAPE CORAL, FL 33993 LE

Title: TR/D
Name: PERIODE, AULEAN TR/D
Address: 3312 BROADWAY STREET
City-St-Zip: FORT MYERS, FL 33901 LE

Title: SEC.
Name: ST.GERMAIN, CATY SECR/D
Address: 7191 PINNACLE DR L-3
City-St-Zip: FORT MYERS, FL 33907 LE

Title: C/D
Name: REV. YVES, DESCOLLINES PASTOR
Address: 3712 12TH STREET W
City-St-Zip: LEHIGHT ACRES, FL 33971 LE

I hereby 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 all other like empowered.

SIGNATURE: DR. MAXON GASPARD, APOSTLE/OVERSEER PD/O 03/10/2010

Electronic Signature of Signing Officer or Director — Date