

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002540

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** ASSEMBLY OF THE FIRSTBORN MINISTRIES, INC.

**Current Principal Place of Business:**

3578 FOWLER STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

20481 NW 10TH AVENUE  
HOUSE  
MIAMI GARDENS, 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.  
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:** 20481 NW 10TH AVENUE  
**City-St-Zip:** MIAMI GARDENS, FL 33169 DA

**Title:** CEO  
**Name:** STATE OVERSEER OF HAITIANS PENTECOSTAL CHU  
**Address:** 20481 NW 10TH AVENUE  
**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:** DESCOLLINES, MARIE JOSETTE SECR/D  
**Address:** 3712, 12TH STREET W  
**City-St-Zip:** LEHIGHT ACRES, FL 33971 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: REV. DR. GASPARD MAXON, STATE BISHOP, D.DIV

PRES

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date