


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 12 PM 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003686 1. Entity Name FIRST BORN CHURCH OF JESUS CHRIST APOSTOLIC ASSEMBLY, INC.					
Principal Place of Business 10666 US HIGHWAY ONE PORT ST. LUCIE, FL 34952			Mailing Address 10666 US HIGHWAY ONE PORT ST. LUCIE, FL 34952		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8492 Suite, Apt. #, etc.			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number * 37-1509136	
Zip 34985		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRELL, RICKEY L 1595 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, CECILE 10666 US HIGHWAY ONE PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Agnes L. Skipper 7841 SW Taurus Lane Port St Lucie Florida 34984	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDWARDS, SHARON 2872 SW DINNER ST. PORT ST. LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200080765622 10/12/06--01011--008 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, ERIC 10666 US HIGHWAY ONE PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Cecile Williams President</u>			Date: <u>10-9-06</u>		Daytime Phone #

10/12/06