

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003686

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** FIRST BORN CHURCH OF JESUS CHRIST APOSTOLIC ASSEMBLY, INC.

**Current Principal Place of Business:**

2713 MORNINGSIDE BLVD  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8492  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 37-1509136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARRELL, RICKEY L  
1595 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34952      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: WILLIAMS, CECILE  
Address: 10666 US HIGHWAY ONE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DS      ( ) Delete  
Name: SKIPPER, AGNES L  
Address: 7841 SW 7 AVE LANE  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: DT      ( ) Delete  
Name: WILLIAMS, ERIC  
Address: 10666 US HIGHWAY ONE  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: CECILE WILLIAMS

P

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date