2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N06000005332

Entity Name: CHURCH OF THE FIRST BORN FROM THE DEAD, INC

Current Principal Place of Business:

1816 LAUDERDALE MANOR DR.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

MOUNT ZION CHURCH OF CHRIST
1816 LAUDERDALE MANOR DR.
FT. LAUDERDALE,, FL 33311

Current Mailing Address:

1816 LAUDERDALE MANOR DR.
FT. LAUDERDALE, FL 33311

New Mailing Address:

MOUNT ZION CHURCH OF CHRIST
1816 LAUDERDALE MANOR DR.
FT. LAUDERDALE,, FL 33311

FEI Number: 02-0778712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMUEL, ELWIN A.
1816 LAUDERDALE MANOR DR.
FT. LAUDERDALE, FL 33311 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: PRES ( ) Delete
Name: SAMUEL, ELWIN A.
Address: 1816 LAUDERDALE MANOR DR.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: SECT ( ) Delete
Name: ROBERTS, KIMBERLEY
Address: 3210 NW 208 TERR
City-St-Zip: MIAMI, FL 33056

Title: TRES ( ) Delete
Name: ELLIOT, STEPHANIE
Address: 14941 DEVON CT.
City-St-Zip: DADE CITY, FL 33523

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: ELWIN SAMUEL PRES 01/27/2009

Electronic Signature of Signing Officer or Director — Date