

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012171

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ASSEMBLY OF THE FIRST BORN, INC.

## Current Principal Place of Business:

3800 FOWLER ST  
UNIT # 9  
FORT MYERS, FL 33901

## New Principal Place of Business:

14120 N W 7 AVE  
FLORIDA, FL 33168

## Current Mailing Address:

17241 NW 9 PL  
MIAMI GARDENS, FL 33169

## New Mailing Address:

3593 S W 68TH WAY  
MIRAMAR, FL 33023

FEI Number: 80-0398939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASPARD, MAXON  
17241 NW 9 PL  
MIAMI GARDENS, FL 33169 US

## Name and Address of New Registered Agent:

GASPARD, MAXON  
3593 S W 68TH WAY  
MIRAMAR, FL 33023 US

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: MAXON GASPARD

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GASPARD, MAXON BISHOP  
Address: 17241 NW 9 PL  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP ( ) Delete  
Name: LAUTURE, BERNARD  
Address: 2451 LINTON LANE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: SEC ( ) Delete  
Name: LAUTURE, YVROSE ASSISTA  
Address: 2451 LINTON LANE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: TREA ( ) Delete  
Name: TOUSSAINT, MARIE CAROLE  
Address: 23127 WILKINSONAVE  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: SEC ( ) Delete  
Name: JOSEPH, CATY  
Address: 1944 SUNSET PL  
City-St-Zip: FORT MYERS, FL 33901 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD/O (X) Change ( ) Addition  
Name: GASPARD, MAXON BISHOP  
Address: 3593 SW 68 WAY  
City-St-Zip: MIRAMAR, FL 33023 US

Title: P/D (X) Change ( ) Addition  
Name: KETANT, YVROSE  
Address: 4734 SW 175 WAY  
City-St-Zip: MIRAMAR, FL 33029 US

Title: VP/D (X) Change ( ) Addition  
Name: MENTOR, MONA M  
Address: 14820 NW 3 AVE  
City-St-Zip: MIAMI, FL 33168 US

Title: TREA (X) Change ( ) Addition  
Name: JEAN, LISA  
Address: 1221 NW 123 ST  
City-St-Zip: MIAMI, FL 33167 US

Title: SEC (X) Change ( ) Addition  
Name: RICHMOND, GABRIEL H  
Address: 1500 NE 145 ST #104  
City-St-Zip: N. MIAMI, FL 33161 US

Title: C/D ( ) Change (X) Addition  
Name: JANVIER, JACKSON  
Address: 970 NW 175 ST  
City-St-Zip: MIAMI GARDENS, FL 33169

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: YVROSE KETANT

YK

04/29/2009

Electronic Signature of Signing Officer or Director

Date