## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000012171

FILED Apr 30, 2010 Secretary of State

Entity Name: ASSEMBLY OF THE FIRST BORN, INC.

Current Principal Place of Business: New Principal Place of Business:

14120 N W 7 AVE 14120 N W 7 AVE

FLORIDA, FL 33168 US

Current Mailing Address: New Mailing Address:

3593 S W 68TH WAY 870 NW 203 STREET

MIRAMAR, FL 33023 HOUSE

MIAMI GARDENS, FL 33169 US

FEI Number: 80-0398939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GASPARD, MAXON DR.PAST

3593 S W 68TH WAY 870 NW 203 STR

MIRAMAR, FL 33023 US HOUSE
MIAMI GARDENS, FL 33169 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 04/30/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD/O

Name: GASPARD, MAXON BISHOP

Address: 3593 SW 68 WAY
City-St-Zip: MIRAMAR, FL 33023 US

Title: P/D

 Name:
 KETANT, YVROSE

 Address:
 4734 SW 175 WAY

 City-St-Zip:
 MIRAMAR, FL 33029 US

Title: VP/D

Name: MENTOR, MONA M Address: 14820 NW 3 AVE City-St-Zip: MIAMI, FL 33168 US

 Title:
 TREA

 Name:
 JEAN, LISA

 Address:
 1221 NW 123 ST

 City-St-Zip:
 MIAMI, FL 33167 US

Title: SEC

 Name:
 RICHMOND, GABRIEL H

 Address:
 1500 NE 145 ST #104

 City-St-Zip:
 N. MIAMI, FL 33161 US

Title: C/D

Name: JANVIER, JACKSON Address: 970 NW 175 ST

City-St-Zip: MIAMI GARDENS, FL 33169

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 MAAXON, STATE OVERSEER PD/O 04/30/2010

Electronic Signature of Signing Officer or Director

Date