

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012247

FILED
Apr 01, 2008
Secretary of State

Entity Name: ASSEMBLY OF THE FIRST MINISTRY, INC

Current Principal Place of Business:

3800 FOWLER ST
UNIT # 9
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

17241 NW 9 PL
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GASPARD, MAXON BISHOP
17241 NW 9 PL
MIAMI, FL FL 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: GASPARD, MAXON BISHOP
Address: 17241 NW 9 PL
City-St-Zip: MIAMI, 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 ASST
Address: 2451 LINTON LANE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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

Title: SEC () Delete
Name: JOSEPH, CATY
Address: 1944 SUNSET PL, APT# 2
City-St-Zip: FORT MYERS, FL 33901 US

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:

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: GASPARD, MAXON

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date