

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07238** (1)

1. Corporation Name

**THE CHURCH OF GOD OF THE FIRST BORN, INC.**



Principal Place of Business

813 S. 8TH AVE., WAUCHULA, FL.  
P O BOX 1169  
ZOLFO SPRINGS FL 33890

Mailing Address

813 S. 8TH AVE., WAUCHULA, FL.  
P O BOX 1169  
ZOLFO SPRINGS FL 33890

3. Date Incorporated or Qualified  
**01/23/1985**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORALEZ, ROSA**  
**09 ANDERSON ST**  
**ZOLPHO SPRINGS FL 33890**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **MORALEZ ROSA L.**  
STREET ADDRESS **09 ANDERSON STREET**  
CITY-ST-ZIP **ZOLFO SPRINGS, FL 33890**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **ESTEFANA ALVARADO**  
STREET ADDRESS **5TH AND DADE STREET**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **ESPERANZA M. GARAY**  
STREET ADDRESS **813 S 8TH AVE**  
CITY-ST-ZIP **WAUCHULA FL 33873**

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Deborah A. Naranjo**  
3.3 STREET ADDRESS **813.S 8TH AVE**  
3.4 CITY-ST-ZIP **Wauchula, Fla 33873**

TITLE **CD** ☐ DELETE  
NAME **DEBORAH A. NARANJO ,**  
STREET ADDRESS **813 S. 8TH AVE.**  
CITY-ST-ZIP **WAUCHULA FL 33873**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE  
NAME **ISRAEL NARANJO,**  
STREET ADDRESS **813 S. 8TH AVE.**  
CITY-ST-ZIP **WAUCHULA FL 33873**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)