

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07238

1. Entity 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 33890-1169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2498234

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALEZ, ROSA
3426 MARION ST
(ZOLPHO) SPRINGS FL 33890
ZOLFO

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MORALEZ ROSA L.
STREET ADDRESS 3426 MARION ST.
CITY-ST-ZIP ZOLFO SPRINGS, FL ☐ Delete

TITLE PD
NAME Rosa Llanas
STREET ADDRESS 3426 marion st
CITY-ST-ZIP Zolfo Springs, Fl. ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME DEBORAH A. NARANJO
STREET ADDRESS 813 S 8TH AVE
CITY-ST-ZIP WAUCHULA FL ☒ Delete

TITLE SD
NAME Esther Castillo
STREET ADDRESS 430 Dade St
CITY-ST-ZIP Bowling Green, Fl. ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosa Llanas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 863-773-0897

Date

Daytime Phone #

CR2E037 (9/99)