

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

0063228

**DOCUMENT # N07238**

1. Entity Name

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

03-28-2002 90155 002 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

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

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

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**

Name

**Rosa LLANAS**

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

**3426 MARION ST.**

City

**Zolfo Springs,**

**FL**

Zip Code

**33890**

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

**Rosa LLANAS**

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

**Rosa Llanas**

(NOTE: Registered Agent signature required when reinstating)

DATE

**MARCH 18, 2002**

**FILED**

**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** ☐ Delete  
NAME **LLANAS, ROSA**  
STREET ADDRESS **3426 MARION ST.**  
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

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

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

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

TITLE **SD** ☐ Delete  
NAME **CASTILLO, ESTHER**  
STREET ADDRESS **3336 TIMBERLINE RD WEST**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **CD** ☐ Delete  
NAME **LLANAS, DONACIANO**  
STREET ADDRESS **3426 MARION ST**  
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 P/D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-2002 (863)773-0897**

Date

Daytime Phone #

CR2E037 (9/01)