


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90348 039 \*\*\*\*70.00

<b>DOCUMENT # N07238</b> 1. Entity Name <b>THE CHURCH OF GOD OF THE FIRST BORN, INC.</b>					
Principal Place of Business <b>813 S. 8TH AVE., WAUCHULA, FL. P O BOX 1169 ZOLFO SPRINGS, FL 33890</b>			Mailing Address <b>813 S. 8TH AVE., WAUCHULA, FL. P O BOX 1169 ZOLFO SPRINGS, FL 33890</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-2498234</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04142004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LLANAS, ROSE 3426 MARION ST ZOLPHO SPRINGS, FL 33890</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLANAS, ROSA		NAME		
STREET ADDRESS	3426 MARION ST.		STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ESTEFANA ALVARADO		NAME	<b>Estefana Alvarado</b>	
STREET ADDRESS	5TH AND DADE STREET		STREET ADDRESS	<b>430 Dade St.</b>	
CITY-ST-ZIP	BOWLING GREEN, FL 33834		CITY-ST-ZIP	<b>Bowling Green, FL 33834</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CASTILLO, ESTHER		NAME	<b>Esther Castillo</b>	
STREET ADDRESS	3336 TIMBERLINE RD WEST		STREET ADDRESS	<b>4616 Maple Ave.</b>	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	<b>Bowling Green, FL 33834</b>	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLANAS, DONACIANO		NAME		
STREET ADDRESS	3426 MARION ST		STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: Rosa Llanas PD 4/14/04 863-773-0897</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24048012



Attachment

24045012

# No 7238

Att:

The persons for VD+SD  
stay the same only there  
new address need to  
be added on.

Thank  
Mrs. Rosa Llanas  
PD