

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90027 019 ****70.00

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		
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	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LLANAS, ROSE 3426 MARION ST ZOLFO SPRINGS, FL 33890					
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title</small>					
Filing Fee is \$61.25 Due by May 1, 2005					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<div style="font-size: 1.2em;">Block #6 needs to be corrected It should read the same as in Block #6 This needs to be typed in correctly. Rosa Zolfo THANK YOU</div>			
NAME	LLANAS, ROSA				
STREET ADDRESS	3426 MARION ST.				
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890				
TITLE	VD	<div style="font-size: 1.2em;">SA Oralia Naranjo 309 N. 8th Ave. Wauchula, FL. 33873</div>			
NAME	ESTEFANA ALVARADO				
STREET ADDRESS	430 DADE ST				
CITY-ST-ZIP	BOWLING GREEN, FL 33834				
TITLE	SD	<div style="font-size: 1.2em;">SA Oralia Naranjo 309 N. 8th Ave. Wauchula, FL. 33873</div>			
NAME	CASTILLO, ESTHER				
STREET ADDRESS	4616 MAPLE AVE				
CITY-ST-ZIP	BOWLING GREEN, FL 33834				
TITLE	CD	<div style="font-size: 1.2em;">SA Oralia Naranjo 309 N. 8th Ave. Wauchula, FL. 33873</div>			
NAME	LLANAS, DONACIANO				
STREET ADDRESS	3426 MARION ST				
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890				
TITLE		<div style="font-size: 1.2em;">SA Oralia Naranjo 309 N. 8th Ave. Wauchula, FL. 33873</div>			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<div style="font-size: 1.2em;">SA Oralia Naranjo 309 N. 8th Ave. Wauchula, FL. 33873</div>			
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: <u>Rosa Llanas PD</u> 2/7/25 (863) 773-0897 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					