


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90045 037 ****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		4. FEI Number 59-2498234	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLANAS, ROSE 3426 MARION ST ZOLPHO SPRINGS, FL 33890				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P/O Rosa Llanas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLANAS, ROSA		NAME	813 S. 8th Ave	
STREET ADDRESS	3426 MARION ST.		STREET ADDRESS	WAUCHULA, FL. 33873	
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-ST-ZIP	WAUCHULA, FL. 33873	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESTEFANA ALVARADO		NAME		
STREET ADDRESS	430 DADE ST		STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, FL 33834		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NARANJO, ORALIA		NAME		
STREET ADDRESS	309 N 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	C/P Donaciano Llanas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLANAS, DONACIANO		NAME	813 S. 8th Ave.	
STREET ADDRESS	3426 MARION ST		STREET ADDRESS	WAUCHULA, FL. 33873	
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-ST-ZIP	WAUCHULA, FL. 33873	
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 exemptions contained in Chapter 119, 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 PD 1/9/06 863-773-0897 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					