

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07238

Entity Name  
THE CHURCH OF GOD OF THE FIRST BORN, INC.

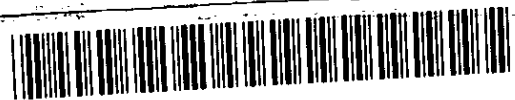


**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90124 015 \*\*\*\*\*70.00

Principal Place of Business  
3 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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

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  
**LLANAS, ROSE**  
**3426 MARION ST**  
**ZOLFO SPRINGS FL 33890**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
PD	LLANAS, ROSA	3426 MARION ST.			
		ZOLFO SPRINGS FL 33890			
VD	ESTEFANA ALVARADO	5TH AND DADE STREET			
		BOWLING GREEN FL 33834			
SD	CASTILLO, ESTHER	3336 TIMBERLINE RD WEST			
		WINTER HAVEN FL 33880			
CD	LLANAS, DONACIANO	3426 MARION ST			
		ZOLFO SPRINGS FL 33890			

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* **Rosa Llanas President/Director** Date **2/3/03** (862) 78-0897  
Daytime Phone #

CR2E037 (10/02)