

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22670**

1. Entity Name  
**THE ASSEMBLIES OF THE FIRST BORN, INC.**



Principal Place of Business  
**1140 NW 9 AVENUE  
FORT LAUDERDALE, FL 33311**

Mailing Address  
**1101 N.W. 44 TERRACE  
LAUDERHILL, FL 33313**



01272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3010791**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RICHARDS, INEZ  
1101 NW 44TH TERRACE  
LAUDERHILL, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000472520  
03/23/06-80040-001 61.25**

**10. OFFICERS AND DIRECTORS**

**PD  
RICHARDS, INEZ  
1101 NW 44TH TERRACE  
LAUDERHILL, FL 33313**

**SD  
FRANCIS, RUDOLPH D.  
112 S.W. 22ND AVE.  
FT LAUDERDALE, FL 33312**

**TD  
HENRY, ENID  
1300 SW 52ND AVENUE  
N. LAUDERDALE, FL 33308**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-06 954-5661531**

Date

Display Phone #