

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002540

Entity Name: ASSEMBLY OF THE FIRSTBORN MINISTRIES, INC.**Current Principal Place of Business:**3578 FOWLER STREET
FORT MYERS, FL 33901**Current Mailing Address:**20481 NW 10TH AVENUE
HOUSE
MIAMI GARDENS, FL 33169**FEI Number:** 20-2525413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD/ CEO
Name PAST. GASPARD, MAXON BISHOP DR.
Address 10960 SW 15TH STREET APT. 104
City-State-Zip: PEMBROKE PINES FL 33025

Title CEO
Name STATE OVERSEER OF HAITIANS
PENTECOSTAL CHU
Address 20481 NW 10TH AVENUE
City-State-Zip: MIAMI GARDENS FL 33169

Title AC/D
Name ODRIGE, GARAT ACCOUNT
Address 220N W29STREET
City-State-Zip: CAPE CORAL FL 33993

Title TR/D
Name PERIODE, AULEAN TR/D
Address 3312 BROADWAY STREET
City-State-Zip: FORT MYERS FL 33901

Title C/D
Name REV. YVES, DESCOLLINES PASTOR
Address 351 PAISLEY AVE
City-State-Zip: LEHIGH ACRES FL 33974

Title FINANCE SEC/D
Name EXIUS, GARDY SR.
Address 1532 SCHOLAR COURT
HOUSE
City-State-Zip: LEHIGH ECRES FL 33971

Title EXECUTIVE SECRETARY
Name DESCOLLINES, MARIE JOSETTE
Address 351 PAISLEY AVE
City-State-Zip: LEHIGH ACRES FL 33974

Title PASTOR
Name DEMARAIS, STEEVENSON DEACON
PRESIDENT
Address 1642 PASSAIC AVE
City-State-Zip: FORT MYERS FL 33901

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE J DESCOLLINES**SECRETARY GENERAL****02/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PASTOR
Name LAUTURE, YVROSE
Address 2451 LINTON LANE
City-State-Zip: PORT CHARLOTTE FL 33952

Title DEACONESS
Name TOUSSAINT, MARIE CAROLE
Address 23127 WILKIMSON AVE
City-State-Zip: PUNTA GORDA FL 33980

Title PASTOR
Name LAUTURE, BERNARD
Address 2451 LINTON LANE
City-State-Zip: PORT CHARLOTTE FL 33952