

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N13000005036

**Entity Name:** FIRST BORN AGAIN BAPTIST OF NORTH MIAMI INC.

**Current Principal Place of Business:**

15395 NORTH MIAMI AVENUE  
MIAMI, FL 33169

**Current Mailing Address:**

15395 NORTH MIAMI AVENUE  
MIAMI, FL 33169 US

**FEI Number:** 59-6005181

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOSEPH, INNOCENT  
4670 NW 113 TERRACE  
SUNRISE, FL 33323 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:** INNOCENT JOSEPH

10/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ELDER  
Name JOSEPH, LORVENSTILDE  
Address 1224 NE 111TH STREET  
City-State-Zip: MIAMI, FL 33161

Title DEACON  
Name BANAVRE, SEGUY  
Address 5 NE 160 ST  
City-State-Zip: MIAMI FL 33169

Title DEACON  
Name SALVADOR, ULRICK  
Address 1110 NW 136TH STREET  
City-State-Zip: MIAMI FL 33168

Title MEMBER  
Name JOSEPH, SILFIDA L  
Address 2060 SW 195TH AVE  
City-State-Zip: MIRAMAR FL 33029

Title P  
Name JOSEPH, INNOCENT  
Address 2060 SW 195TH AVE  
City-State-Zip: MIRAMAR FL 33029

Title TREASURER  
Name JONCKA, BILDA  
Address 175 NE 45TH STREET  
City-State-Zip: MIAMI FL 33137

Title SECRETARY  
Name NAISSANCE, WHIDLET  
Address 2788 SW 177TH AVE  
City-State-Zip: MIRAMAR FL 33029

Title ASST. TREASURER  
Name PETIT, AUGUSTA  
Address 285 NW 129TH STREET  
City-State-Zip: MIAMI FL 33168

**Continues on page 2**

*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:** INNOCENT JOSEPH

P

10/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GEFFRARD, EUGENE  
Address 6470 SW 27TH STREET  
City-State-Zip: MIAMI FL 33023

Title DEACONESS  
Name NELSON, SIMONE  
Address 470 NW 179TH STREET  
City-State-Zip: MIAMI FL 33169

Title 2ND VICE PRESIDENT  
Name DUCAS, JACOB  
Address 42 NE 70TH STREET  
City-State-Zip: MIAMI FL 33138