#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005036

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

FILED
Apr 25, 2019
Secretary of State
5110669775CC

### **Current Principal Place of Business:**

15395 NORTH MIAMI AVENUE MIAMI, FL 33169

## **Current Mailing Address:**

15395 NORTH MIAMI AVENUE MIAMI, FL 33169

FEI Number: 59-6005181 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

JOSEPH, INNOCENT 8272 NE 2ND AVE STE D MIAMI, FL 33138 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	PRESIDENT	Title	VP
TILLE	PRESIDENT	Tille	٧F

NameJULES, FRITZNERNameJOSEPH, INNOCENTAddress31 NE 152 STAddress8272 NE 2ND AVE STE D

City-State-Zip: MIAMI FL 33162 City-State-Zip: MIAMI FL 33138

Title **DEACONESS** Title TRUSTEE Name NELSON, SIMONE Name JULIEN, BENNJY Address 740 NW 179TH ST Address 9999 SUMMER BREEZE MIAMI FL 33169 City-State-Zip: City-State-Zip: SUNRISE FL 33329

COUNSOLOR Title Title AT Name JOSEPH, LOVENS PETIT. AUGUSTA Name Address 1224 NE 111 STREET 285 NW 129TH ST Address City-State-Zip: MIAMI FL 33161 MIAMI FL 33168 City-State-Zip:

Title SECRETARY ASSISTANT Title **DEACON** Name ST. JEAN, PIERRELA JONCKA, BILDA Name 78970 NW 6TH COURT Address 175 NE 45TH STREET Address City-State-Zip: MIAMI, FL 33169 MIAMI, FL 33137 City-State-Zip:

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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: FRITZNER JULES PRESIDENT 04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleSECRETARYTitleASST. TREASURERNameGUSTAVE, VIVIOSE MISSNameBEAUVAIS, JOHAMAddress374 NE 164 STAddress1801 NW 183 STCity-State-Zip:MIAMI FL 33162City-State-Zip: MIAMI FL 33056