

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 742009 (4)**  
 1. Corporation Name  
**CHURCH OF THE FIRST BORN, INC.**



Principal Place of Business 2260 NW 183RD STREET MIAMI FL 33056	Mailing Address 2260 NW 183RD STREET MIAMI FL 33056
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1978		3a. Date of Last Report 03/25/1996	
21	22	23	24	25	26	27	28
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number 59-1839094		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLARKE, DONALD F REV. 395 NE 154 ST MIAMI FL 33162				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	THOMAS, HERBERT; DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, E. (REV.)	1.2 NAME	1501 N.W. 173 TERRACE
STREET ADDRESS	976 ERIE RD.	1.3 STREET ADDRESS	MIAMI, FL 33169
CITY-ST-ZIP	WEST HAMPSTEAD NY	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	TINGLIN MICHAEL; DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, DONALD F. (REV.)	2.2 NAME	8420 N.W. 8TH STREET
STREET ADDRESS	395 NE 154 ST	2.3 STREET ADDRESS	PENNSBORO PINE, FL 33024
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BYRON E.	3.2 NAME	GOLDSON, ASTON
STREET ADDRESS	21011 NE 13TH PL	3.3 STREET ADDRESS	3500 NW 38 TERRACE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY, HYGLIVE, D	4.2 NAME	WRAY VICTOR
STREET ADDRESS	17220 NW 18TH CT 2451 NW 180 TERR.	4.3 STREET ADDRESS	3754 N.W. 209 TERRACE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	CAROL CITY, FL 33055
TITLE	<del>ASTON GOLDSON, ASTON, D</del> <input type="checkbox"/> DELETE	5.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	HARVEY, HYGLIVE D.
STREET ADDRESS		5.3 STREET ADDRESS	2451 N.W. 180 TERRACE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OPA LOCKA, FL 33056
TITLE	<del>WRAY VICTOR, D</del> <input type="checkbox"/> DELETE	6.1 TITLE	600002286496 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-09/08/97--01004--006
STREET ADDRESS		6.3 STREET ADDRESS	***70.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ (NOTE: REGISTERED AGENT SIGNATURE REQUIRED) DATE 7/20/97 (92) 4524900

CR2E037 (4/97)