

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742009 (4)

1. Corporation Name
CHURCH OF THE FIRST BORN, INC.



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

3. Date Incorporated or Qualified
03/15/1978
4. FEI Number **59-1839094** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CLARKE, DONALD F REV
395 NE 154 ST
MIAMI FL 33182**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (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 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEWART, E. (REV.) | 1.2 NAME | WRAY, VICTOR |
| STREET ADDRESS | 976 ERIE RD. | 1.3 STREET ADDRESS | 3754 NW 209 STREET |
| CITY-ST-ZIP | WEST HAMPSTEAD NY | 1.4 CITY-ST-ZIP | CORAL CITY, FL 33056 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CLARKE, DONALD F.(REV.) | 2.2 NAME | GOLDSON, ASTON |
| STREET ADDRESS | 395 NE 154 ST | 2.3 STREET ADDRESS | 3500 NW 38 TERRACE |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | LAUDERDALE LAKES, FL 33309 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, BYRON E. | 3.2 NAME | |
| STREET ADDRESS | 21011 NE 13TH PL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARVEY, HYGLIVE, D | 4.2 NAME | |
| STREET ADDRESS | 2451 NW 180 TERR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, HERBERT | 5.2 NAME | |
| STREET ADDRESS | 1501 NW 173 TERR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33169 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TINGLIN, MICHAEL | 6.2 NAME | |
| STREET ADDRESS | 8430 NW 8TH STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | 6.4 CITY-ST-ZIP | |

14. I 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: *Donald F. Clarke* **9/10/98 (305) 944-1436**

CR2E037 (10/97)