

Amended


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UPDATE

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Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 805025  
1. Corporation Name  
THE FIRST BORN CHURCH OF THE LIVING GOD, INC.

Principal Place of Business  
1120 H.J. Echols Dr.  
Waycross, GA 31502

Mailing Address  
c/o Bishop Albert Hill  
903 Dorothy Street  
Waycross, GA 31501

3. Date Incorporated or Qualified  
03/21/39

3a. Date of Last Report  
02/06/97

2. Principal Place of Business  
21 1120 H.J. Echols Dr.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 c/o Bishop Albert Hill  
903 Dorothy Street  
Suite, Apt. #, etc.

22 City & State  
23 Waycross, GA

27 City & State  
28 Waycross, GA

24 Zip 31502 Country USA  
25 USA  
29 Zip 31502 Country USA  
30 USA

4. FEI Number  
58-1468081

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
KEREY CARPENTER  
2810 REMINGTON GREEN CIR. 2ND FLOOR  
TALLAHASSEE, FL 32308

10. Name and Address of New Registered Agent  
81 Name  
LEONARD GOODE  
82 Street Address (P.O. Box Number is Not Acceptable)  
2017 COURTNEY DRIVE  
83  
84 City JACKSONVILLE, FL 85 Zip Code 32208

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, as set forth in Sections 607.0505, Florida Statutes.

SIGNATURE *Leonard Goode* Leonard Goode 7/10/97  
Signature, last or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CEO/D	<input checked="" type="checkbox"/>
NAME	JOHNSON, W.L. BISHOP	
STREET ADDRESS	#3 LISA LN.	
CITY-ST-ZIP	BRUNSWICK, GA 30036	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SCOTT, A.B.	
STREET ADDRESS	1207 ARIZONA STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE	D	<input checked="" type="checkbox"/>
NAME	PETERSON, BISHOP R. SR.	
STREET ADDRESS	4930 SUGARDOLL RD.	
CITY-ST-ZIP	VERNON, FL 32462	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	CEO/SENIOR BISHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ALBERT HILL		
1.3 STREET ADDRESS	903 DOROTHY STREET		
1.4 CITY-ST-ZIP	WAYCROSS, GA 31501		
2.1 TITLE	C/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	LEONARD GOODE		
2.3 STREET ADDRESS	2017 COURTNEY DR.		
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208		
3.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	ALFRED HOWARD		
3.3 STREET ADDRESS	4253 SWEDEN DRIVE		
3.4 CITY-ST-ZIP	HERMITAGE, TN 37076		
4.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MCKINLEY HILL		
4.3 STREET ADDRESS	1408 CHARLES ST.		
4.4 CITY-ST-ZIP	WAYCROSS, GA 31501		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	J.J. LIGON		
5.3 STREET ADDRESS	880 CARVER ST.		
5.4 CITY-ST-ZIP	WINTER PARK, FL 32789		
6.1 TITLE	00002251907	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	-07/30/97--01005--042		
6.3 STREET ADDRESS	***61.25		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert Hill* Albert Hill 7/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)