(11/98
CR2E037

FILE NOW: FILING FEE IS \$61.25				
NONPROFIT CORPORATION ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # 8050 25	99 JAN 29 PM 12: 1, 3			
The First Born Church of The	SEGIC IZAY OF STAT TALLAHASSEE, FLORI	E DA		
Principal Place of Business Mailing Address		UĄ		
ASSIST. SR. BISHOP JUSEPH Thomps				
P.O. BOX 360121				
DECATUR, 6A 30036-012  2. Principal Place of Business 2a. Mailing Address	3. Date Incorporated or Qualifed			
26		3/21/39		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27	•	4. FEI Number 58 - 1468081	Applied For Not Applicable	
City & State City & State	-	5. Certificate of Status Desired	\$8.75 Additional	
28	Country	6 Election Compaign Financing	\$5.00 May Be	
24 25 29 29 9. Name and Address of Current Registered Agent		Trust Fund Contribution  10. Name and Address of New Registered	Added to Fees	
	81 Name .	TO. Haine and Address of New Negistered	Angent	
ALFREDDIE B. SLOTT	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
1203 HARLEM St.	83			
TAL, CL. 32304	84 City	Fi	85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes,	the above-named corporate	oration submits this statement for the purpose of	f changing its registered	
office or registered agent, or both, in the State of Florida. Such change was authoragent. I am timiliar with, and accept the obligations of, Section 617.0503, Florida	onzed by the corporation Statutes.	on's poard of directors, I hereby accept the appoint	ointment as registered	
SIGNATURE Signaffie, typed or printed name of registered agent/and title if applicable (NOTE: Reg	gistered Agent signature required	d when reinstating) DATE		
12. OFFICERS AND DIRECTORS	13. 11 TITLE D. Effer	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
NAME SH. DISHOP W.L. JUHNSON	1.2 NAME	FA.B. SCOTT		
STREET ADDRESS #3 LISA LANE	1.3 STREET AUUNESS	203 Harlem St.		
CITY-ST-ZE BRUNSWICK, 64 30036  TITLE SD ASPIST SR. BISHOR 125001 DELETE	1.4 CITY-ST-ZIP	ALL., H. 32304	Change Addition	
NAME SD ASSIST. SR. Bishop JOSEPH THOMPSON	2.2 NAME	900002768	63096	
STREET ADDRESS P. O. BOX 360121 N/A  CITY-ST-ZIP DECATUR, GA 30036 DELETE	2 3 STREET ADORESS 2 4 CITY-ST-ZIP	-02/05/99	01096010 *****61.25	
TITLE BMD BIShop HERbort COLORS DELETE	31 TITLE		Change Addition	
NAME BMD BIShop HURBURT COHON, JR.	3.2 NAME 3.3 STREET ADDRESS		}	
CHY.ST.ZIP JACKSONVILLO, FL 32209	34. CrTY-ST-ZiP			
NAME BMD EIDER J. C. Legion DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS 880 CATUBR ST	43 STREET ADDRESS		Ì	
THE 2014 WINTER PACK, FL 32789	4.4 CITY-ST-ZIP		Change Addition	
NAME ISMU ELDER JIM NIKON	5.1 TITLE 5.2 NAME		L.) Change L.) Addition	
STREET ADDRESS 9637 WEST FIELD KO.	5.3 STREET ADDRESS			
TIME O AN ON THE DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
MEDMED BISHOP J. C. HOWARD	6.2 NAME			
STREET ADDRESS 805 W. PINTSTOAD RO CITY-ST-ZP DENSACOLA, PL 32505	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		{	
14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate	exemption stated in Se	ection 119.07(3)(i), Florida Statutes, I further ce	rtify that the information	
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, with all other like empowered.				
SIGNATURE: ALLIEU B. WHAT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR E		1/29/99 BE	0-222-1319 Dayuno Phone #	