


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 805025</b>			
1. Entity Name THE FIRST BORN CHURCH OF THE LIVING GOD, INC.			
Principal Place of Business 1203 HARLEM ST. TALLAHASSEE, FL 32304 US		Mailing Address 1203 HARLEM ST. TALLAHASSEE, FL 32304 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCOTT, ALFREDDIE B JR, BIS 1203 HARLEM ST TALLAHASSEE, FL 32304		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	BDM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, W L BISHOP	NAME	
STREET ADDRESS	3 LISA LANE	STREET ADDRESS	
CITY-ST-ZIP	BRUNSWICK, GA 30336	CITY-ST-ZIP	
TITLE	BDM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOSEPH BISHOP	NAME	
STREET ADDRESS	P.O. BOX 360121	STREET ADDRESS	
CITY-ST-ZIP	DECATUR, GA 30036	CITY-ST-ZIP	
TITLE	BDM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTEN, HERBERT JR, BIS	NAME	
STREET ADDRESS	3824 LEONARD CIR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32229	CITY-ST-ZIP	
TITLE	BDM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ALFREDDIE B JR, BIS	NAME	
STREET ADDRESS	1203 HARLEM ST.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	BDM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGION, J C ELDER	NAME	
STREET ADDRESS	880 CARVER ST.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	BDM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, JIM ELDER	NAME	
STREET ADDRESS	9637 WESTFIELD RD.	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35217	CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Alfred B Scott</i>		Date: <i>4/29/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



04292005 Chg-NP CR2E037 (10/03)

4. FEI Number 58-1468081 Applied For Not Applicable

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

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 04/29/05-80102-005 122.50