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 # NO72

(1)

THE CHURCH OF GOD OF THE FIRST BORN, INC.

FILED Feb 02 1998 8:00am Secretary of State

THE GRUNOR OF GOD OF THE FIRST BORN, INC.								
Principal Place	e of Business	Mailing Address				- ; (193)(181 E)(182); (1930)(1896)(18) (10) (1811 (19); (19)) (19); (19)) (18); (19))		
813 S. 8TH AVE., WAUCHULA, FL. P O BOX 1169 ZOLFO SPRINGS FL 33890 813 S. 8TH AVE., WAUCHULA P O BOX 1169 ZOLFO SPRINGS FL 33890						3. Date Incorporated or Qualified 01/23/1985 4. FEI Number Applied For		
						59-2498234 Not Applicable	3	
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired \$8.75 Additional		
21 26						Fee Required	-	
Suite, Apt.	#, 8IC,	Suite, Apt. #, etc.				6. Election Campaigh Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
City & State	2	City & State	City & State			7. Is this nonprofit corporation a homeowners association?	-	
23	5	28				Yes X No		
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes X No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent]	
				81	Name			
MORALEZ, ROSA				82	Street Addre	ess (P.Ō. Box Number is Not Acceptable)	-	
	ARION ST			83			-	
ZULPHU	SPRINGS FL 33890			Ш			_	
				1	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 age: OFFICERS AND		IOTE: Registere		t signature require	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-	
12.	PD OFFICERS AND	DELETE DELETE	1.1 7			Change Addition	7	
NAME	MORALEZ ROSA L.		1	IAME		<u> </u>		
STREET ADDRESS	3426 MARION ST.		- 1	TREET A	DDRESS			
CITY-ST-ZIP	ZOLFO SPRINGS, FL		- 1	UTY-ST-	- 1			
TITLE	VD	DELETE	211			☐ Change ☐ Addition	,	
NAME	ESTEFANA ALVARADO		2.2 N	IAME		I		
STREET ADDRESS	5TH AND DADE STREET			TREET A	DDRESS			
CITY-ST-ZIP			CITY-ST	-ZIP				
TITLE	SD DELETE 3.11		ITLE		☐ Change ☐ Addition	1		
NAME	DEBORAH A. NARANJO		3.2 h	AME				
STREET ADDRESS	813 S 8TH AVE		3.3 9	TREET A	DDRESS			
CITY-ST-ZIP	WAUCHULA FL		3.4.	CITY-ST	-ZIP		╛	
TITLE	CD	DELETE	4.1 T	ITLE		Change	1	
NAME	DEBORAH A. NARANJO ,		4. 2	NAME		•		
STREET ADDRESS	813 S. 8TH AVE.		4.3 5	TREET A	DDRESS	To the second se		
CITY-ST-ZIP	WAUCHULA FL 33873		4.4 (ITY-ST-	ZIP		4	
TITLE	CD	☐ DELETE	5,1 7	ITLE		Change Addition	۱	
NAME	israel naranjo,		5.2 N	iame		1		
STREET ADDRESS	813 S. 8TH AVE.		5.3 9	TAEET A	ODRESS			
CITY-ST-ZIP	WAUCHULA FL 33873			TY-ST-	ZIP	l la mar	\perp	
TITLE		☐ DELETE		ITLE		Change Addition	'	
NAME I				IAME		1	ļ	
STREET ADDRESS				TREET A			ĺ	
CITY-ST-ZIP			6.4 0	ITY-ST-	ZIP		4	

14. Thereby 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, and 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:

Coalex, RM Noralez

1/20/98 773-4576Churci