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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16038 (4)
 1. Corporation Name
HOLLYWOOD CHURCH OF THE FIRST BORN CORPORATION



Principal Place of Business C/O ARNOLD V. GRACE 10000 NW 2ND AVE MIAMI FL 33149 US	Mailing Address C/O ARNOLD V. GRACE 3904 S LAKE TERR MIRAMAR FL 33023 US
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3. Date Incorporated or Qualified 07/25/1986
4. FEI Number 59-2793809
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>NO STOCK ETC.</i>

2. Principal Place of Business 21 6024 WASHINGTON STREET	2a. Mailing Address 26 AS ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOLLYWOOD, FLORIDA	City & State 28
Zip 24 33023	Country 25 U.S.A.
	Country 30

9. Name and Address of Current Registered Agent
GRACE, ARNOLD VICTOR
3904 S LAKE TERR
MIRAMAR FL 33023

10. Name and Address of New Registered Agent
 81 Name **AS AT 9. GRACE, ARNOLD VICTOR**
 82 Street Address (P.O. Box Number is Not Acceptable)
3904 S. LAKE TERRACE
 83
 84 City **MIRAMAR** **FL** 85 Zip Code **33023**

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 *A. V. Grace* (A.V. GRACE) **JANUARY 28 1998**
 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 TREASURER, SECRETARY, DIRECTOR	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRACE, ARNOLD		1.2 NAME STEWART, ERNIE	
STREET ADDRESS 1290 NE 144TH STREET		1.3 STREET ADDRESS 576 BRISTOL STREET	
CITY-ST-ZIP N. MIAMI BEACH FL		1.4 CITY-ST-ZIP BROOKLYN, N.Y. 11212	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE VICE-PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRACE, NIGEL O		2.2 NAME STEPHENS, WALTER	
STREET ADDRESS 6504 BAL TRUSOL		2.3 STREET ADDRESS 6352 HARBOR BEND	
CITY-ST-ZIP NORTH LAUDERDALE FL 33088		2.4 CITY-ST-ZIP MARGATE, FL 33063	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RILEY, DANIEL		3.2 NAME	
STREET ADDRESS 16347 NW 8 DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *A. V. Grace* **01/28/98** (954) 981-8486
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)