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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N16038

1. Corporation Name
HOLLYWOOD CHURCH OF THE FIRST BORN CORPORATION

Principal Place of Business
 6024 WASHINGTON STREET
 HOLLYWOOD FL 33023
 US

Mailing Address
~~6024 WASHINGTON ST~~
~~3024 S LANE TERR~~
~~MIRAMAR FL 33023~~
6024 WASHINGTON ST.
HOLLYWOOD, FL 33023
U.S.



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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/25/1986
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2793809
23. City & State	2c. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	2d. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GRACE, ARNOLD VICTOR 3904 S LANE TERR MIRAMAR FL 33023 Grace Arnold Victor 3904 S LANE TERR Miramar, FL 33023	10. Name and Address of New Registered Agent B1 Name Carol L. Grant B2 Street Address (P.O. Box Number is Not Acceptable) 567 S.W. 5th Street B3 City M.B.A. Lakes B4 City M.B.A. Lakes FL B5 Zip Code 33269
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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 Carol L. Grant DATE 4-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME STEWART, ERNIE	1.1 TITLE V.P.D.	1.2 NAME LAIDLEY, PETE
STREET ADDRESS 576 BRISTON STREET	CITY-ST-ZIP BROOKLYN NY 11212	1.3 STREET ADDRESS 8533 S.W. 5 STREET	1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33025
TITLE VPD	NAME STEPHENS, WALTER	2.1 TITLE T/D/T/UP	2.2 NAME Stephens, Walter
STREET ADDRESS 6352 HARBOR BEND	CITY-ST-ZIP MARGATE FL 33063	2.3 STREET ADDRESS 6352 Harbor Bend	2.4 CITY-ST-ZIP Margate, FL 33063
TITLE TSO	NAME GRACE, ARNOLD	3.1 TITLE	3.2 NAME
STREET ADDRESS 3904 S LANE TERRACE	CITY-ST-ZIP MIRAMAR FL 33023	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE TD	NAME RILEY, DANIEL	4.1 TITLE	4.2 NAME
STREET ADDRESS 16347 N.W. 8 DRIVE	CITY-ST-ZIP PEMBROKE PINES FL 33028	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE TD	NAME GRACE, ARNOLD	5.1 TITLE	5.2 NAME
STREET ADDRESS 3904 S LANE TERRACE	CITY-ST-ZIP MIRAMAR FL 33023	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE TD	NAME CLARKE, DONALD	6.1 TITLE	6.2 NAME
STREET ADDRESS 395 N.E. 154 STREET	CITY-ST-ZIP MIAMI FL 33162	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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 6-1-99 DAYTIME PHONE #: 954-989-0177

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