

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31962 (6)**

1. Corporation Name

**THE ASSEMBLIES OF THE FIRST BORN CHURCH AND MISSION CENTER, INC.**



Principal Place of Business

Mailing Address

1800 NW 59TH WAY  
1800 NORTHWEST 59TH WAY  
SUNRISE FL 33313  
US

1800 NW 59TH WAY  
1800 NORTHWEST 59TH WAY  
SUNRISE FL 33313  
US

3. Date Incorporated or Qualified  
**04/26/1989**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**65-0120432**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REID, BYRON  
1800 NORTHWEST 59TH WAY  
SUNRISE FL 33313**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 agent and date if applicable

(NOTE - Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REID, BYRON	
STREET ADDRESS	1800 NW 59TH WAY	
CITY - ST - ZIP	SUNRISE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, SHARON PATRICIA	
STREET ADDRESS	3699 NW 24TH ST	
CITY - ST - ZIP	LAUDERDALE LAKES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, EMANUEL SALLION	
STREET ADDRESS	420 FLORIDA AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD BYRON Reid	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PO BOX 5842 Ft Lauderdale	
1.3 STREET ADDRESS	FL 33310-5842	
1.4 CITY - ST - ZIP		
2.1 TITLE	SD BEVERLY PURRIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4510 NW 36 ST	
2.3 STREET ADDRESS	LAUDERDALE LAKES FL 33319	
2.4 CITY - ST - ZIP		
3.1 TITLE	TD Frank Wellington	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5821 NW 17 Place	
3.3 STREET ADDRESS	SUNRISE FL 33313	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Byron Reid* *Sharon Thomas* *Emanuel Clayton*

Date:

3-27-91

Daytime Phone:

CR2E037 (12/95)