

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # **N31962** (6)

1. Corporation Name

**THE ASSEMBLIES OF THE FIRST BORN CHURCH AND MISS
ION 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1989	3a. Date of Last Report 04/02/1996
4. FEI Number 65-0120432	Applied For <input type="checkbox"/> Not Appl cable
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 Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 **Byron Reid PD**

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **REID, BYRON**
STREET ADDRESS **1800 NW 59TH WAY**
CITY-ST-ZIP **SUNRISE FL**

TITLE **SD** ☐ DELETE

NAME **PURRIER, BENERLY**
STREET ADDRESS **4510 NW 36 ST**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **TD** ☒ DELETE

NAME **WELLINGTON, FRANK**
STREET ADDRESS **5821 NW 17 PLACE**
CITY-ST-ZIP **SUNRISE FL**

TITLE **TRUSTEES** ☐ DELETE

NAME **Hyman Taylor**
STREET ADDRESS **7500 NW 14 Street**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 REQUIRED **Byron Reid PD** **8-7-97**

CR2E037 (4/97)