

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 MISS
ION CENTER, INC.**



Principal Place of Business 1800 NW 59TH WAY 1800 NORTHWEST 59TH WAY SUNRISE FL 33313 US	Mailing Address 1800 NW 59TH WAY 1800 NORTHWEST 59TH WAY SUNRISE FL 33313 US
--	--

2. Principal Place of Business 21 7500 N.W. 14th Street Suite, Apt. #, etc. 22	2a. Mailing Address 26 7500 N.W. 14th Street Suite, Apt. #, etc. 27
City & State 23 Plantation, Florida Zip 24 33313 Country 25 U.S.A.	City & State 28 Plantation, Florida Zip 29 33313 Country 30 U.S.A.

3. Date Incorporated or Qualified 04/26/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0120432	
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent REID, BYRON 1800 NORTHWEST 59TH WAY SUNRISE FL 33313	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7500 N.W. 14th Street
83	
84 City	Plantation
85 State	FL
86 Zip Code	33313

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** DATE: **2-4-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	PURRIER, BENERLY
STREET ADDRESS	4510 NW 38 ST
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HYMAN, TAYLOR
STREET ADDRESS	7500 NW 14TH ST
CITY-ST-ZIP	SUNRISE 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Reid, Byron
1.3 STREET ADDRESS	7500 N.W. 14th St
1.4 CITY-ST-ZIP	Plantation, Florida 33313
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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: **Byron Reid** DATE: **2-4-98**

CR2E037 (10/97)