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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

701818

FIRST CHURCH OF CHRIST, SCIENTIST

Principal Place of Business

Mailing Address

FILED
May 30 1997 8:00am
Secretary of State

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2790 LARGO	SUNNYBREEZE AVI	2790 SUNNYI EARGO, FL	33770				9a Deta att an	t Donast
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6 Oderstand Di	-16	0. 14-9 - 4-9-				12/21/60	⊥ <u>6/9/</u>	
<del></del>	ace of Business	2a. Mailing Address				4. FEI Number	ļi	Applied For
21		[26]				59-1000185		Not Applicabl
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 -	5 Additional Required
City & State	,	City & State				Election Campaign Financing     Trust Fund Contribution		00 May Be ad to Fees
Zip 24	Country 25	Zip 29	30	Country	У	8. This corporation has liability for in Florida Statutes	ntangible tax unde Yes X No	r s. 199.032,
	9. Name and Address of Curre			<u> </u>	• • • • • • • • • • • • • • • • • • • •	10. Name and Address of New Reg		
				81	Name			
	SMITH, PATRICIA			82	Street Add	dress (P.O. Box Number is Not Acceptab	lo)	<u></u>
	13751 89 Ave. N. Seminole, FL 337			83		·		·
•		, , ,		64	City	·	FL  85   Z	ip Code
11 Precupot t	a the provisions of Sections 617.05	02 and 617 1509 Florid	da Statutoc	the show	o parond cor	rporation submits this statement for the p		a ite registere
office or re agent. I ar	egistered agent, or both, in the Stat in familia with, and accept the object	e of Florida. Such ahan galions of Section 617.	ge was aut 05 <b>%</b> 3. Elorio	horized by	y the corpora	ation's board of directors. I hereby accep	t the appointment	as registered
DICKLASCION	Untries To	2 1 1 1 1 1 1 1 m	<b>.</b>	aa olalule	S.			
	Signature, typed or printed name of registered as	Erry Do	udo			uired when reinstating)	DATE	
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	OFFICERS AI	gent and little applicable ND DIRECTORS	(NOTE: R	Registered Age		uired when reinstating)	DATE ERS AND DIRECT	ORS IN 12
12. TITLE NAME	OFFICERS AND S Smith, Patrici	gent and little Applicable ND DIRECTORS DT La Perry	(NOTE: R	13. 1.1 TITLE 1.2 NAME		uired when reinstating)	DATE ERS AND DIRECT	ORS IN 12
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Information indicated on this annual report or supplied under outside the and 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
Patricia Perry Smith

5/23/97

813-595-7757

Date

Daytime Phone #