

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -2 PM 2: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 710263 (5)

1. Corporation Name  
FIRST CHURCH OF CHRIST, SCIENTIST, NORTH MIAMI,  
FLORIDA

Principal Place of Business Mailing Address  
13650 NORTH EAST TENTH AVENUE 13650 NORTH EAST TENTH AVENUE  
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/25/1966 3a. Date of Last Report 04/21/1994

4. FEI Number 59-0830739 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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

SIUNG, GRACE  
736 N.E. 92ND ST., APT 1  
MIAMI FL 33138

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HARRIS, MARGARET
STREET ADDRESS	585 N.W. 121ST STREET
CITY-ST-ZIP	N. MIAMI FL
TITLE	VC
NAME	ROM, MARIE A.
STREET ADDRESS	1548 N.E. 105 STREET
CITY-ST-ZIP	MIAMI SHORES FL
TITLE	DC
NAME	GOTTJEB, EDWARD
STREET ADDRESS	2730 NE 183 ST
CITY-ST-ZIP	N MIAMI BEACH FL 33160
TITLE	D
NAME	LEVY, ALICE
STREET ADDRESS	1234 N.E. 150TH STREET
CITY-ST-ZIP	N. MIAMI FL
TITLE	D
NAME	NUNGE, DOROTHY
STREET ADDRESS	169 N.W. 104TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Margaret B. Harris	
1.3 STREET ADDRESS	2049 S. Ocean Dr., Unit 1201	
1.4 CITY-ST-ZIP	Hallandale, Fl. 33009-6629	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Director/Secretary	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary Nordine	
3.3 STREET ADDRESS	15549 Miami Lakeway N. (Unit 103)	
3.4 CITY-ST-ZIP	Miami Lakes, Fl. 33014	
4.1 TITLE	Vice Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vivian Cashman	
5.3 STREET ADDRESS	54 Ash Drive	
5.4 CITY-ST-ZIP	Cooper City, Fl. 33026	
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 110.07(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, trustee or 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: Grace A. Siung, (Clerk) 2/3/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)