

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710263 (5)
1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, NORTH MIAMI, FLORIDA



Principal Place of Business 13650 NORTH EAST TENTH AVENUE NORTH MIAMI FL 33161	Mailing Address 13650 NORTH EAST TENTH AVENUE NORTH MIAMI FL 33161-3804
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3. Date Incorporated or Qualified 01/25/1966	3a. Date of Last Report 02/27/1996
4. FEI Number 59-0830739	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**SIUNG, GRACE
736 N.E. 92ND ST., APT 1
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BOWER, ANNA	FIRST READER
STREET ADDRESS	9160 NE 8TH AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ROM, MARIE A.	SECOND READER
STREET ADDRESS	1548 N.E. 105 STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWRENCE, RHODA	BOARD MEMBER
STREET ADDRESS	6207 NW 190 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINGROSE, ELFREDA	BOARD MEMBER
STREET ADDRESS	4460 NW 176 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASHMAN, VIVIAN	BOARD MEMBER
STREET ADDRESS	54 ASH DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Norene Bini CHAIRMAN OF BOARD
1.3 STREET ADDRESS	1770 N.E. 191 ST. #417
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33179
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delfino Larrosa BOARD MEMBER
2.3 STREET ADDRESS	11721 N.W. 5 Ave.
2.4 CITY-ST-ZIP	N. Miami, FL.
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 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: Norene Bini **REQUIRED** 2/5/97 **(305) 891-5684**

CR2E037 (9/96)