FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR -2 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725331 (3)

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, ENGLEWOOD, FL ORIDA, INC.

Principal Place of Business	Mailing Address
35 S. OXFORD RD. ENGLEWOOD FL 34295-0747	PO BOX 747 ENGLEWOOD FL 34295-0747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1973
3a. Date of Last Report: 03/02/1994
4. FEI Number: 23-7205680 ☐ 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 (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

ALGUIRE, WANDA W.
2801 GRIGGS RD.
SUITE 14
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name: Keegan, Morton B.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5741 Begonia Rd.
84 City: Venice FL 85 Zip Code: 34292

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: Morton B Keegan Chm Board — 2/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T ☒ Change ☐ Addition
NAME	MCCONNELL, MARION L.	1.2 NAME	
STREET ADDRESS	716 BLACKBURN ROAD	1.3 STREET ADDRESS	5741 Begonia Rd.
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, Fl. 34292
TITLE	C	2.1 TITLE	C ☒ Change ☐ Addition
NAME	ALGUIRE, WANDA W.	2.2 NAME	Keegan, Morton B.
STREET ADDRESS	2801 GRIGGS RD., SUITE 14	2.3 STREET ADDRESS	5741 Begonia Rd.
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Venice, Fl. 34292
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	RAGAN, WALTER H.	3.2 NAME	Morris, Wanda W.
STREET ADDRESS	930 BAYSHORE DR.	3.3 STREET ADDRESS	372 Eden Cir.
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	Englewood, Fl. 34223
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	KOEPPEL, SHIRLEY E.	4.2 NAME	Koeppel, Shirley E.
STREET ADDRESS	SQUAIL'S RUN BLVD., SUITE 10	4.3 STREET ADDRESS	3 Quail's Run Blvd. #10
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	Englewood, Fl. 34223
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SIMMONS, LARRY	5.2 NAME	Reeve, Marilyn
STREET ADDRESS	1215 MANASOTA BCH. RD.	5.3 STREET ADDRESS	1800 Englewood Rd. #140
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	Englewood, Fl. 34223-1877
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	PLANT, LYNN C.	6.2 NAME	Harrington, Marjorie
STREET ADDRESS	4640 ARLINGTON DR.	6.3 STREET ADDRESS	1744 Jose Gasper Dr.
CITY-ST-ZIP	PLACIDA FL	6.4 CITY-ST-ZIP	Boca Grande, Fl. 33921

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 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: Morton B Keegan Morton B. Keegan 2-2-95 (813) 493-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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