

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000005583 (0)**
1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, WEST PALM BEACH, INC.



Principal Place of Business	Mailing Address
138 LAKEVIEW AVE WEST PALM BEACH FL 33401	138 LAKEVIEW AVE WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 05/01/1995
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21 2. Principal Place of Business 138 Lakeview Ave.	26 2a. Mailing Address 138 Lakeview Ave.	4. FEI Number 59-6001048	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State W. Palm Beach, FL	28 City & State W. Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33401	25 Country U.S.A.	29 Zip 33401	30 Country U.S.A.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**RUSSELL, JUNE R
138 LAKEVIEW AVE
WEST PALM BEACH FL 33401**

81 Name William B. Dobyns
82 Street Address/P.O. Box Number is Not Acceptable 210 33rd St.
83
84 City West Palm Beach, FL
85 Zip Code 33407

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: *William B. Dobyns* **William B. Dobyns** **April 25, 1996**
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOBYNS, WILLIAM B.		1.2 NAME	Olene Carroll
STREET ADDRESS 210 33RD STREET		1.3 STREET ADDRESS	967 W. Rembling Dr.
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP	W. Palm Beach, FL 33414
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEASLEE, PATRICIA G.		2.2 NAME	
STREET ADDRESS 903 OCEAN DUNES CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUNKER, JOHN		3.2 NAME	
STREET ADDRESS 727 SUNSET RD		3.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEWART, BARBARA B		4.2 NAME	
STREET ADDRESS 315 S LAKE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUEST, WALTER H		5.2 NAME	
STREET ADDRESS P.O. BOX 19773 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33406		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 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: *William B. Dobyns* **William B. Dobyns** **4/25/96** **659-5933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)