

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 138 LAKEVIEW AVE WEST PALM BEACH FL 33401	Mailing Address 138 LAKEVIEW AVE WEST PALM BEACH FL 33401
---	---



21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/06/1993		
4. FEI Number 59-6001048	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CARROLL, OLENE
967 W RAMBLING DR
W PALM BEACH FL 33407**

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 *Olene Carroll* *Olene Carroll, Chair of Board* *2/26/98*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOBYNS, WILLIAM B.	
STREET ADDRESS	210 33RD STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEASLEE, PATRICIA G.	
STREET ADDRESS	903 OCEAN DUNES CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNKER, JOHN	
STREET ADDRESS	727 SUNSET RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, BARBARA B	
STREET ADDRESS	315 S LAKE DR	
CITY-ST-ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARROLL, OLENE	
STREET ADDRESS	967 W RAMBLING DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKWITH, HARRIET	
STREET ADDRESS	700 BAYAN DR	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ashley, Jim	
1.3 STREET ADDRESS	418 Hibiscus St.	
1.4 CITY-ST-ZIP	West Palm Beach, Fl., 33401	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cole, Mary	
2.3 STREET ADDRESS	1901 Embassy Dr.	
2.4 CITY-ST-ZIP	West Palm Beach, Fl., 33401	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bright, Clare	
3.3 STREET ADDRESS	5380 Woodland Lakes Dr. Apt. 316	
3.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ke, Bianca	
4.3 STREET ADDRESS	4898 Waverly Woods Terr.	
4.4 CITY-ST-ZIP	Lake Worth, Fl. 33463	
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 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: *Olene Carroll* *Olene Carroll, Chair of Board* *2/26/98*

CR2E037 (10/97)