


FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005583

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/06/1993	4. FEI Number 59-6001048	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		

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 Ashley, James F. 82 Street Address (P.O. Box Number is Not Acceptable) 1600 Embassy Dr. Apt. 106 83 84 City West Palm Beach FL 85 Zip Code 33401
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ASHLEY, JIM		1.2 NAME	
STREET ADDRESS 418 HIBISCUS ST		1.3 STREET ADDRESS 1600 Embassy Dr. Apt 106	
CITY-ST-ZIP WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME COLE, MARY		2.2 NAME Ashley, Virginia	
STREET ADDRESS 1901 EMBASSY DR		2.3 STREET ADDRESS 4202 Larch Ave.	
CITY-ST-ZIP WEST PALM BCH FL 33401		2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRIGHT, CLARE		3.2 NAME	
STREET ADDRESS 5380 WOODLAND LAKES DR APT 316		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH GARDENS FL 33418		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME KO, BIANCA		4.2 NAME Hammar, Cynthia	
STREET ADDRESS 4898 WAVERLY WOODS TERR		4.3 STREET ADDRESS 501 Privateer Rd.	
CITY-ST-ZIP LAKE WORTH FL 33463		4.4 CITY-ST-ZIP North Palm Beach, FL 33408	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME CARROLL, OLENE		5.2 NAME Heinlein, Joy	
STREET ADDRESS 967 W RAMBLING DR		5.3 STREET ADDRESS 120 Cove Rd.	
CITY-ST-ZIP WEST PALM BEACH FL		5.4 CITY-ST-ZIP West Palm Beach, FL 33413	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME BECKWITH, HARRIET		6.2 NAME Widell, Bonnie-Sue	
STREET ADDRESS 700 BAYAN DR		6.3 STREET ADDRESS 7111 Pine Tree Lane	
CITY-ST-ZIP LAKE WORTH FL		6.4 CITY-ST-ZIP West Palm Beach, FL 33406	

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, with all other like empowered.

SIGNATURE: Cynthia Hammar SIGNATURE REQUIRED 4/27/99 561-655-8182
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)