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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
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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
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3. Date Incorporated or Qualified 12/06/1993
4. FEI Number 59-6001048
Applied For <input type="checkbox"/> Not Applicable

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

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	
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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, Chm 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, Chm of Board* *2/26/98*

CR2E037 (10/97)