


FILE NOW: FILING FEE IS \$61.25

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90086 033 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005462					
1. Corporation Name FIRST CHURCH OF CHRIST, SCIENTIST, AVENTURA, FLO RIDA, INC.					
Principal Place of Business 772 NW 72 TERRACE MIAMI FL 33138			Mailing Address PO BOX 260565 PEMBROKE PINES FL 33026		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0784010	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		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 EMO CORPORATE SERVICES, INC. 100 NE THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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 \_\_\_\_\_ (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 type="checkbox"/> Addition
NAME	VAN WIE, STEVEN O	1.2 NAME	
STREET ADDRESS	5950 DEL LAGO CIRCLE APT 314	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTLIEB, ED	2.2 NAME	
STREET ADDRESS	772 NW 72 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATTAN, PATRICIA	3.2 NAME	Norene Bini
STREET ADDRESS	3800 S FLAMINGO ROAD	3.3 STREET ADDRESS	1770 NE 191 St #417
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	3.4 CITY-ST-ZIP	North Miami Beach, FL 33179
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, PHYLLIS	4.2 NAME	Marie Rom
STREET ADDRESS	600 THREE ISLANDS BLVD APT 901	4.3 STREET ADDRESS	1548 NE 105 St
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIUNG, MEG	5.2 NAME	
STREET ADDRESS	736 NE 92 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33128	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEAL, JEAN	6.2 NAME	
STREET ADDRESS	3800 S FLAMINGO ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	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, with all other like empowered.

SIGNATURE: STEVEN O VAN WIE 4-21-99 305 576-0080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROAD CHAIRMAN Date Daytime Phone #

024389

CR2E037 (11/98)