

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 # 700097 (9)
1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST KISSIMMEE, FLORIDA, INC.



Principal Place of Business: 317 RANDOLPH AVE. KISSIMMEE FL 34741-1975
Mailing Address: 317 RANDOLPH AVE. KISSIMMEE FL 34741-1975

3. Date Incorporated or Qualified: 10/30/1959
3a. Date of Last Report: 06/15/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 59-6140845
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BOZEMAN, FRANCE A, 116 CENTER CREST, DAVENPORT FL 33837
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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: OD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSS, MARIAN		1.2 NAME	
STREET ADDRESS: 4260 VILLAGE DRIVE, #1311		1.3 STREET ADDRESS	
CITY-ST-ZIP: KISSIMMEE FL		1.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOZEMAN, FRANCE		2.2 NAME	
STREET ADDRESS: 116 CENTER CREST #116		2.3 STREET ADDRESS	
CITY-ST-ZIP: DAVENPORT FL		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: SMITH, CAROLYN		3.2 NAME	<i>Betty Seaman</i>
STREET ADDRESS: 4425 S PLEASANT HILL RD.		3.3 STREET ADDRESS	<i>610 East Magnolia</i>
CITY-ST-ZIP: KISSIMMEE FL		3.4 CITY-ST-ZIP	<i>Kissimmee</i>
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TUBBS, ISABEL B		4.2 NAME	<i>Irving Seiden</i>
STREET ADDRESS: 1304 N. ROYAL ST		4.3 STREET ADDRESS	<i>1572 Parkgate Dr</i>
CITY-ST-ZIP: KISSIMMEE FL		4.4 CITY-ST-ZIP	<i>Kissimmee, 34746</i>
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: C. Lane Curbin, Jr		5.2 NAME	<i>C. Lane Curbin, Jr</i>
STREET ADDRESS: 10601 Park Ridge - Hotha Rd		5.3 STREET ADDRESS	<i>10601 Park Ridge - Hotha Rd</i>
CITY-ST-ZIP: Wintermead, FL		5.4 CITY-ST-ZIP	<i>Wintermead, FL</i>
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	<i>34786</i>
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: *C. Lane Curbin, Jr* 21 April 96 (407) 8767620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)