


FILE NOW: FILING FEE IS \$61.25

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**Jan 30 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 # 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
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3. Date Incorporated or Qualified 10/30/1959	
4. FEI Number 59-6140845	Applied For <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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	

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

9. Name and Address of Current Registered Agent

**BOZEMAN, FRANCE A
416 CENTER CREST
DAVENPORT FL 33837**

319 PALM CREST LN.

10. Name and Address of New Registered Agent

81 Name **SAME**

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	ROSS, MARIAN
STREET ADDRESS	4260 VILLAGE DRIVE, #1311
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOZEMAN, FRANCE
STREET ADDRESS	116 CENTER CREST #116
CITY-ST-ZIP	DAVENPORT FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	SEAMON, BETTY
STREET ADDRESS	610 SORT MAGNOLIA
CITY-ST-ZIP	KISSIMMEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEIDEN, IVING
STREET ADDRESS	1572 PARKGATE DR
CITY-ST-ZIP	KISSIMMEE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	CURLIN, C. LANE SR
STREET ADDRESS	10601 PARK RIDGE GOTHER RD
CITY-ST-ZIP	WINDERMER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: *FRANCE A. BOZEMAN* **FRANCE A. BOZEMAN** 941-422-4113

CR2E037 (10/97)