

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:31

**DOCUMENT # 700353 (6)**

1. Corporation Name

**FIRST CHURCH OF RELIGIOUS SCIENCE, INC.**

Principal Place of Business Mailing Address  
1550 N.E. 26TH ST 1550 N.E. 26TH ST  
WILTON MANORS FL 33305 WILTON MANORS FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1960 3a. Date of Last Report 06/09/1994  
4. FEI Number 59-1027751 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
SATTERFIELD, ESQ.  
C/O RUDEN, BARNETT, ET AL.  
200 E. BROWARD BLVD, 15TH FLOOR  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	P
NAME	TALIAFERRO, WILLIAM M.
STREET ADDRESS	1230 MIDDLE RIVER DR.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VPD
NAME	HARDING, CORLISS
STREET ADDRESS	1550 NE 26 ST.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	LIETAERT, JAMES
STREET ADDRESS	1550 N.E. 26TH ST.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	WILCOX, NANCY
STREET ADDRESS	1550 NE 26 ST
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bump, Arleen	
13 STREET ADDRESS	4061 N.E. 26 Avenue	
14 CITY - ST - ZIP	Ft. Lauderdale FL 33308	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Lietaert, James C.	
23 STREET ADDRESS	1550 N.E. 26 Street	
24 CITY - ST - ZIP	Ft. Lauderdale, FL 33305	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lockard, James	
33 STREET ADDRESS	1550 N.E. 26 Street	
34 CITY - ST - ZIP	Ft. Lauderdale, FL 33305	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Wilcox, Nancy	
43 STREET ADDRESS	1550 N.E. 26 Street	
44 CITY - ST - ZIP	Ft. Lauderdale, FL 33305	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(b), 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:**   
MINISTER Executive Director

26 Jan 95 (305) 566-2868