

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 700353 (6)

1. Corporation Name

FIRST CHURCH OF RELIGIOUS SCIENCE, INC.



Principal Place of Business

1550 N.E. 26TH ST  
WILTON MANORS FL 33305

Mailing Address

1550 N.E. 26TH ST  
WILTON MANORS FL 33305

3. Date Incorporated or Qualified  
01/23/1960

3a. Date of Last Report  
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SATTERFIELD, ESQ.  
C/O RUDEN, BARNETT, ET AL.  
200 E. BROWARD BLVD, 15TH FLOOR  
FT. LAUDERDALE FL 33301

81 Name  
Ruth Hutchinson  
82 Street Address (P.O. Box Number is Not Acceptable)  
1550 N.E. 26 St.  
83 Ft. Lauderdale,  
84 City  
FL 85 Zip Code  
33305

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 Ruth Hutchinson, Adm. ✓

1-26-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BUMP, ARLEEN	
STREET ADDRESS	4061 NE 26 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LIETAERT, JAMES C.	
STREET ADDRESS	1550 NE 26 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOCKARD, JAMES	
STREET ADDRESS	1550 N.E. 26TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, NANCY	
STREET ADDRESS	1550 NE 26 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VPD MacKinnon, William
23 STREET ADDRESS	1550 N.E. 26 St.
24 CITY-ST-ZIP	Ft. Lauderdale, FL
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD Brian, Martha
33 STREET ADDRESS	1550 N.E. 26 St.
34 CITY-ST-ZIP	Ft. Lauderdale, FL
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TD Murray, Ronald
43 STREET ADDRESS	1550 N.E. 26 St.
44 CITY-ST-ZIP	Ft. Lauderdale, FL
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 (954) 566-2868

Date

Daytime Phone #

CR2E037 (12/95)