

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33305-1324
--	---

3. Date Incorporated or Qualified 01/23/1960	3a. Date of Last Report 02/14/1996
--	--

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

4. FEI Number 59-1027751	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HUTCHINSON, RUTH
1550 NE 26TH ST.
FT. LAUDERDALE FL 33305

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 Hutchinson, Ruth 1550 NE 26 St Ruth Hutchinson Adm. 2-4-97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME BUMP, ARLEEN	
STREET ADDRESS 4061 NE 28 AVENUE	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME MACKINNON, WILLIAM	
STREET ADDRESS 1550 NE 26 ST.	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME BRIAN, MARTHA	
STREET ADDRESS 1550 NE 26 ST.	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME MURRAY, RONALD	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Bump, Arleen	
1.3 STREET ADDRESS 5233 NW 89 Drive	
1.4 CITY-ST-ZIP Coral Springs, FL	
2.1 TITLE VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MacKinnon, William	
2.3 STREET ADDRESS 1550 NE 26 Street	
2.4 CITY-ST-ZIP Ft. Lauderdale, FL	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Johnson, Sandra	
3.3 STREET ADDRESS 1550 NE 26 Street	
3.4 CITY-ST-ZIP Ft. Lauderdale, FL	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Aley, Lamont	
4.3 STREET ADDRESS 1550 NE 26 Street	
4.4 CITY-ST-ZIP Ft. Lauderdale, FL	
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 do 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 Arleen Bump 2-4-97 (954) 566-2960

CR2E037 (9/96)