


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/23/1960

4. FEI Number
59-1027751

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CTR
NAME	BUMP, ARLEEN	1.2 NAME	
STREET ADDRESS	5233 NW 89 DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPTR
NAME	MACKINNON, WILLIAM	2.2 NAME	
STREET ADDRESS	1550 NE 26 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	PTR
NAME	BRIAN, MARTHA	3.2 NAME	Pyser Jerry
STREET ADDRESS	1550 NE 26 ST.	3.3 STREET ADDRESS	1550 NE 26th St
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft Lauderdale, FL 33305
TITLE	TD	4.1 TITLE	TR
NAME	MURRAY, RONALD	4.2 NAME	Chu, Ernie
STREET ADDRESS	1550 NE 26 ST.	4.3 STREET ADDRESS	1550 NE 26th St
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft Lauderdale, FL 33305
TITLE	SD	5.1 TITLE	STR
NAME	JOHNSON, SANDRA	5.2 NAME	
STREET ADDRESS	1550 NE 26 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	TTR
NAME	ALEY, LAMONT	6.2 NAME	
STREET ADDRESS	1550 NE 26 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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: _____ **LAMONT Aley** 3/19/98 9545662868

CFR2037 (10/97)