


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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1550 N.E. 26TH ST WILTON MANORS FL 33305</b>	Mailing Address <b>1550 N.E. 26TH ST WILTON MANORS FL 33305</b>
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3. Date Incorporated or Qualified <b>01/23/1960</b>	
4. FEI Number <b>59-1027751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 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

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	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 <b>BUMP, ARLEEN</b>	1.1 TITLE	<b>CTR</b>
NAME	<b>5233 NW 89 DRIVE</b>	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>CORAL SPRINGS FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD <b>MACKINNON, WILLIAM</b>	2.1 TITLE	<b>VPTR</b>
NAME	<b>1550 NE 26 ST.</b>	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>FT. LAUDERDALE FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD <b>BRIAN, MARTHA</b>	3.1 TITLE	<b>PTR</b>
NAME	<b>1550 NE 26 ST.</b>	3.2 NAME	<b>Pyser Jerry</b>
STREET ADDRESS	<b>FT. LAUDERDALE FL</b>	3.3 STREET ADDRESS	<b>150 NE 26th St</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Ft Lauderdale, FL 33305</b>
TITLE	TD <b>MURRAY, RONALD</b>	4.1 TITLE	<b>TR</b>
NAME	<b>1550 NE 26 ST.</b>	4.2 NAME	<b>Chu, Ernie</b>
STREET ADDRESS	<b>FT. LAUDERDALE FL</b>	4.3 STREET ADDRESS	<b>150 NE 26th St</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Ft Lauderdale, FL 33305</b>
TITLE	SD <b>JOHNSON, SANDRA</b>	5.1 TITLE	<b>STR</b>
NAME	<b>1550 NE 26 STREET</b>	5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>FT. LAUDERDALE FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD <b>ALEY, LAMONT</b>	6.1 TITLE	<b>TTR</b>
NAME	<b>1550 NE 26 STREET</b>	6.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>FT. LAUDERDALE FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)