

FILE NOW: FILING FEE IS \$61.25

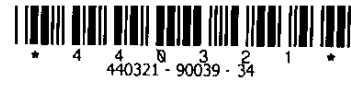
FILED
Apr 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700353
 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/23/1960	4. FEI Number 59-1027751	Applied For 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		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUTCHINSON, RUTH 1550 NE 26TH ST. FT. LAUDERDALE FL 33305				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 _____ DATE _____
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	CTR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VPTR <input type="checkbox"/> DELETE	2.1 TITLE	STR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	PTR <input type="checkbox"/> DELETE	3.1 TITLE	VPTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYSER, JERRY	3.2 NAME	
STREET ADDRESS	1550 NE 26 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	PTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHU, ERNIE	4.2 NAME	
STREET ADDRESS	1550 NE 26 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	TTR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED FOR Aley 4/25/99 815662968
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)