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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701352 (7)

1. Corporation Name

FIRST CHURCH CHRIST, SCIENTIST, INDIAN LAKE ESTATES, FLORIDA, INC.

Principal Place of Business

INDIAN LAKE ESTATES FLORIDA, INC.
DELAND & VALENCIA DRIVE
INDIAN LAKE ESTATES FL 33855
US

Mailing Address

P.O. BOX 7243
INDIAN LAKE ESTATES FL 33855-7243
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/24/1960

3a. Date of Last Report

02/22/1996

4. FEI Number

59-1893145

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

MANSFIELD, FRANCES
323 INDIAN LAKE DR
INDIAN LAKE ESTATES FL 33855

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 *Frances Mansfield* FRANCES MANSFIELD

1-27-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SIMPSON, MAE M
STREET ADDRESS 719 INDIAN LAKE DR
CITY - ST - ZIP INDIAN LAKE ESTATES FLTITLE D ☐ DELETE
NAME WEATHERS, WINIFRED H.
STREET ADDRESS 1003 HIBISCUS DR.
CITY - ST - ZIP INDIAN LAKES ESTATES FLTITLE S ☐ DELETE
NAME MANSFIELD, F
STREET ADDRESS 323 INDIAN LAKE DR
CITY - ST - ZIP INDIAN LAKES ESTATES FLTITLE C ☒ DELETE
NAME LUDWIG, GEORGE A
STREET ADDRESS 321 PLUMOSA DR
CITY - ST - ZIP INDIAN LAKES ESTATES FLTITLE D ☒ DELETE
NAME MOCK, CHARLOTTE
STREET ADDRESS #346 FEDHAVEN DR.
CITY - ST - ZIP FEDHAVEN FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME MARYANN JULIA BARR
4.3 STREET ADDRESS 24 ALLAMANDA DR
4.4 CITY - ST - ZIP INDIAN LAKE ESTATES, FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME MOCK, CHARLOTTE
5.3 STREET ADDRESS #346 FEDHAVEN DR.
5.4 CITY - ST - ZIP FEDHAVEN, FL6.1 TITLE ☐ Change ☒ Addition
6.2 NAME deLISSOVoy, LILLIAN
6.3 STREET ADDRESS 16 LANTANA DR.
6.4 CITY - ST - ZIP INDIAN LAKE ESTATES, FL

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: *Frances Mortham Mansfield*

2-14-97 941-692-9185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0063060

CR2E037 (9/96)