FILE NOW: FILING FEE IS \$61.25

HONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortram

Secretary & State DIVISION OF CO POPIATIONS

1996

DOCUMENT # 701701 (5)

APPROVED AND

96 APR 19 AN 1: 11

CHERTAL FOR STATE

FIRST CHURCH OF CHRIST, SCIENTIST, VENICE, RIDA, INC. Principal Place of Business Mailing Address					7/11/2/14/2/14/14/14/14/14/14/14/14/14/14/14/14/14/		
							I 1001/1 106/1 00/4/ 116/1 186/1 81/0/ 116/1 81/0/ 81/0/ 81/0/ 81/0/ 81/0/ 81/0/ 81/0/ 81/0/
					600 WEST VINICE AVE 600 WEST VINICE AVE		
VENICE FL 3		VENICE FL 34285					
					3. Date Incorporated or Qualified 11/19/1960	3a. Date of Last Report 03/01/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26					59-1426218	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Re	
23		28	,		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	+	8. This corporation has liability for in	tangibie tax under s. 199.032, Yes ☐ No	
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	,	Florida Statutes 10. Name and Address of New Re		
		<u> </u>	81	Name		-	
KRUGER, MARIAN				BISHOP HOWARD 82 Street Address (P.O. Box Number is Not Acceptable)			
906 SHANNON CT. WEST			62	82 Street Address (P.O. Box Number is Not Acceptable) • BARBUDA ROAD			
	FL 34285		83				
			84	City		85 Zip Code	
l				ENG	ation submits this statement for the purp	FL 34223	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the above-	named corpor	ation submits this statement for the purp rd of directors. I hereby accept the appoin	ose of changing its registered office	
familiar w	ired agent, or both, in the state of Flor ith, and accept the obligations of, Sec	tion 617.0503, Florida Statute	ago by the con		d of directors. Thereby accept the appoin	nimeni as registered agent. i am	
SIGNATURE	LOWARD W. BI	SHOP EN	one		nsky Man	h241896	
12.	Signature, typed or printed name of registered agen	it and title if applicable. (N ID DIRECTORS	OTE. Registered Age	ent signature require	d when sost and ADD:TIONS/CHANGES TO OFFIC	DATE TERS AND DIDLETORS IN 19	
TITLE	T CHAIRMAN	DELETE	1.1 TITLE		/ JADE/HONS CHANGES TO GER	A DO SING HADE COLORS	
NAME	BISHOP, HOWARD	Пресел	1.2 NAME				
STREET ADDRESS	1 BARBUDA ROAD			T ADDRESS	3000	001780873	
CITY-ST-ZIP	ENGLEWOOD FL 34223		1.4 CITY-			9601111001	
TITLE	1	DELETE	2.1 TITLE		*****	1.25 *****61.25	
NAME	DABOLL, JEANNE	<i></i>	22 NAME				
STREET ADDRESS	1130 BIRD BAY WAY		23 STREE	T ADDRESS			
CITY-ST-ZIP	VENICE PL		2 4 City	ST-ZIP	_		
TITLE	T	DELETE	31 TITLE	π		Change Addition	
NAME	CARMER, GRACE		3.2 NAME	S	MITH, WILLIAM	•	
STREET ADDRESS	6 BARBUDA ROAD		3 3 STREE	T ADDRESS 4	MITH, WILLIAM. OI NEPONSIT DR		
CITY-ST-ZIP	ENGLEWOOD FL 34223		3.4. CITY-	ST-ZIP 1	VENICE FL. 3429.	3	
TITLE	I I	DELETE	4.1 TITLE	I .	•	Change Addition	
NAME	RICHARDSON, MARY		4. 2 NAMI	- G	ATCHELL, PRISCILL	A	
STREET ADDRESS				T ADDRESS	414 GRST GATE DRIV	· S	
CITY - ST - ZIP	VENICE FL 34293	****	4.4 CITY-		ANICE, FL 34297	/ A)	
TITLE	ADMINI D'EDWARD	DELETE	5 1 TITLE			[. LYLYN]	
NAME	ARNOLD, EDWARD		5 2 NAME			(ZXI)YU	
STREET ADDRESS				T ADORES		- Ille	
CITY-ST-ZIP	VENICE-FL 34285	DELETE	5 4 CITY-			-11	
TITLE	CUIAN EDWADD	Morreit	61 TITLE		LLLER, EVA	Change I reported.	
NAME	SWAN, EDWARD 255 THE ESPLANADE #503		6.2 NAME		31 WATERSIDE DRI	リア・中ノロフ・	
STREET ADDRESS	VENICE FL 34285				VENICE, FL. 342		
CITY-ST-ZIP	VCNIUC FL 34403		64 CiTY-	ST-ZIP	THE PARTY OF ME	· —	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.