## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 701701

1. Corporation Name

(5)

FIRST CHURCH OF CHRIST, SCIENTIST, VENICE, RIDA. INC.

INC.
Principal Place of Business Mailing Address

600 WEST VINICE AV

FILED Feb 14 1997 8:00am Secretary of State



| 600 WEST VINI-<br>VENICE FL 342 |   | 600 West Vinice ave<br>Venice Fl. 34285-2031 |                     |   |                 |  |                                       |            |                        |
|---------------------------------|---|--|---------------------|---|-----------------|--|---------------------------------------|------------|------------------------|
|                                 |   |  |                     |   | 3               | Date Incorporated or Qualified 11/19/1960  | 3a. Date of Last Report<br>04/10/1996 |            |                        |
| 2. Principal Pl                 | lace of Business  | 2a. Mailing Address                          | 2a. Mailing Address |   |                 | 4. FEI Number  |                                       |            | Applied For            |
| 21                              |   | 26   |                     |   |                 | 59-1426218   |                                       |            | Not Applicable         |
| Suite, Apt. #, etc.             |   | Suite, Apt. #, etc.                          |                     |   |                 | . Certificate of Status Desired  | S8.75 Additional Fee Required         |            |                        |
| City & State                    | 3   | City & State                                 | n '                 |   | 6               | i. Election Campaign Financing<br>Trust Fund Contribution                                      |                                       |            | 0 May Be<br>ed to Fees |
| Zip<br><b>24</b>                | Country 25  | Zip 29                                       | Country<br>30       |   |                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No |                                       |            |                        |
|                                 | 9. Name and Address of Currer   | it Registered Agent                          |                     |   |                 | . Name and Address of New Re   | gistered A                            | gent       |                        |
|                                 |   |  | J                   | 81 Name   |                 |  |                                       |            |                        |
| BISHOP, HOWARD                  |   |  |                     | 82 Street Address (P.O. Box Number is Not Acceptable) |                 |  |                                       |            |                        |
|                                 | UDA ROAD  |  | olioot Add          |   |                 |  |                                       |            |                        |
| ENGLEV                          | VOOD FL 34223   |  |                     | 83  |                 |  |                                       |            |                        |
|                                 |   |  | ŀ                   | 84 City   |                 |  | FL                                    | 85 Zi      | ip Code                |
| 11. Pursuant                    | to the provisions of Sections 617.050   | 2 and 617.1508, Florida Statute              | es, the ab          | ove-name  | corporati       | on submits this statement for the p  | uroose of o                           | changing   | its registered         |
| office or re                    | egistered agent, or both, in the State<br>in familiar with, and accept the oblig  | of Florida. Such change was a                | uthorized           | I by the col  | poration's      | board of directors. I hereby accept  | ot the appo                           | intment    | as registered          |
| SIGNATURE _                     | Classic   | and title if controlling (\$107)             | - Decisioned        | Agent signatur  | n real dead who |  | DATE                                  |            |                        |
| 12.                             | grature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent at OFFICERS AND DIRECTORS 13. |  |                     | Agent signator  | a radinian wise | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                                       |            |                        |
| TITLE                           | TC  | DELETE                                       | 1.1 111             | LE  | TC              |  |                                       | Chang      |                        |
| NAME                            | BISHOR HOWARD   |  | 1.2 NA              | ME  | _               | Richardson   |                                       | _          | أأ                     |
| STREET ADDRESS                  | 1 BARBUDA ROAD  |  | 13 ST               | reet address  | 101             | Park Blvd S.   | 100                                   |            | [5                     |
| CITY-ST-ZIP                     | ENGLEWOOD FL 34223  |  | 1                   | Y-ST-ZIP  | Veni            |  | TOS                                   |            | 15                     |
| TIFLE                           | Ī   | DELETE                                       | 2 1 TIT             |   | IVIC            |  |                                       | Chang      | e Addition             |
| NAME                            | SMITH, WILLIAM  |  | 2.2 NA              | ME  |                 | rd Swan  |                                       | •          | 1                      |
| STREET ADDRESS                  | 601 NEPONSIT DRIVE  |  | 2.3 ST              | REET ADDRESS  | 255             |  | #EAS                                  |            |                        |
| CITY-ST-ZIP                     | VENICE FL 34293   |  |                     | TY-ST-ZIP   | Voni.           | The Esplanade  | <b>#</b> 503                          |            |                        |
| TITLE                           | T   | ☐ DELETE                                     | 3.1 TIT             |   | venr            | 9 <del>0, 11. 34.459</del>   | 1                                     | Chang      | e Addition             |
| NAME                            | GATCHELL, PRISCILLA   |  | 3.2 NA              | ME  |                 | •  | •                                     |            | Ì                      |
| STREET ADDRESS                  | 1416 EAST GATE DRIVE  |  | 3.3 ST              | REET ADDRESS  | 1               |  |                                       |            | İ                      |
| CITY-ST-ZIP                     | VENICE FL 34292   |  | 3.4. CI             | TY-ST-ZIP   |                 |  |                                       |            |                        |
| TITLE                           | Ť   | DELETE                                       | 4.1 TIT             | LE  | 1               |  | . [                                   | Chang      | je 🔲 Addition          |
| NAME                            | MUCLER, EVA   | _  | 4.2 N/              | ME  | Ì               |  |                                       |            | Ì                      |
| STREET ADDRESS                  | 831 WATERSIDE DRIVE, #10  | 2  | 4.3 ST              | REET ADDRESS  |                 | •  |                                       |            | İ                      |
| CITY-ST-ZIP                     | VENICE FL 34292   |  | 4.4 CO              | Y-ST-ZIP  |                 |  |                                       |            |                        |
| TITLE                           |   | ☐ DELETE                                     | 5.1 T(T             | LE  |                 |  |                                       | Chang      | e Addition             |
| NAME                            |   |  | 5.2 NA              | ME  |                 |  |                                       |            | ļ                      |
| STREET ADDRESS                  |   |  | 5.3 ST              | REET ADDRESS  |                 |  |                                       |            |                        |
| CITY-ST-ZIP                     |   |  | 5.4 CIT             | Y-ST-ZIP  |                 |  |                                       |            |                        |
| TITLE                           |   | ☐ DELETE                                     | 6.1 TIT             | LE  |                 |  |                                       | Chang      | e                      |
| NAME                            |   |  | 6.2 NA              | ME  |                 |  |                                       |            |                        |
| STREET ADDRESS                  |   |  | 6.3 \$T             | REET ADDRESS  | 1               |  |                                       |            | }                      |
| CITY-ST-ZIP                     |   |  |                     | Y-ST-ZIP  |                 |  |                                       |            |                        |
| 14. I do herel                  | by certify that the information supplie   | d with this filing does not qualif           | y for the           | exemption   | stated in S     | section 119.07(3)(i), Florida Statute  | s. I further                          | certify th | nat the                |

4. 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 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.