

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3: 13

DOCUMENT # 702148 (8)

1. Corporation Name

SECOND CHURCH OF CHRIST, SCIENTIST, MELBOURNE, FLORIDA, INC.

Principal Place of Business

Mailing Address

MELBOURNE, FLORIDA, INC.
565 MONTREAL AVE.
MELBOURNE FL 32935-4006

MELBOURNE, FLORIDA, INC.
565 MONTREAL AVE.
MELBOURNE FL 32935-4006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1961
3a. Date of Last Report 04/14/1994

4. FEI Number 70-2148150
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STURGELL, JAMES O
397 BERKELEY ST
SATELLITE BEACH FL 32937

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PRICE, CAROL L
STREET ADDRESS 769 BOC CIRCLE NW
CITY-ST-ZIP PALM BAY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DC Change Addition
PRICE, CAROL LEE
769 BOC CIRCLE NW
PALMBAY, FL. 32907

TITLE DC
NAME STURGELL, JAMES
STREET ADDRESS 397 BERKELEY ST.
CITY-ST-ZIP SATELLITE BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D Change Addition
GRAHAM, ELLA N.
1370 PRUM AV. NW
PALM BAY, FL. 32907

TITLE D
NAME HALE, HELEN
STREET ADDRESS 500 PALM SPRINGS BLVD
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D Change Addition
HATCH, ALTHA
1966 OAKWOOD DR.
MELBOURNE, FL. 32935

TITLE SD
NAME STURGELL, BETTY JO
STREET ADDRESS 397 BERKELEY STREET
CITY-ST-ZIP SATELLITE BCH, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE Y
NAME WOODS, JANE
STREET ADDRESS 11410 S. TROPICAL TR.
CITY-ST-ZIP MERRITT ISLAND FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition
STURGELL, JAMES O.
397 BERKELEY ST.
SATELLITE BCH. FL. 32937

TITLE D
NAME MCGARY, PATRICIA
STREET ADDRESS 550 DIPLOMAT BLVD APT 3
CITY-ST-ZIP COCOA BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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.

SIGNATURE:

Betty Jo Sturgell Betty Jo Sturgell

(Date)

2-18-95 1-407-777-0045

(Type or Print Name)