

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified 03/15/1961	3a. Date of Last Report 02/16/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 70-2148150	Applied For <input checked="" type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25	BREVARD	BREVARD

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**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

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	DC PRICE, CAROL L <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, CAROL L	1.2 NAME	PRICE, RUSSELL
STREET ADDRESS	769 BOC CIRCLE NW	1.3 STREET ADDRESS	769 BOC CIRCLE NW
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	PALM BAY, FL. 32905
TITLE	D GRAHAM, ELLA N. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, ELLA N.	2.2 NAME	
STREET ADDRESS	1370 PRUM AVE NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	D HATCH, ALTHA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, ALTHA	3.2 NAME	
STREET ADDRESS	1966 OAKWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	SD STURGELL, BETTY JO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGELL, BETTY JO	4.2 NAME	
STREET ADDRESS	397 BERKELEY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	T STURGELL, JAMES O. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGELL, JAMES O.	5.2 NAME	
STREET ADDRESS	397 BERKELEY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D MCGARY, PATRICIA <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARY, PATRICIA	6.2 NAME	HALE, HELEN
STREET ADDRESS	550 DIPLOMAT BLVD APT 3	6.3 STREET ADDRESS	500 PALM SPRINGS BLVD.
CITY-ST-ZIP	COCOA BEACH FL	6.4 CITY-ST-ZIP	SATELLITE BCH, FL. 32937

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 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.

SIGNATURE: Betty J. Sturgell **BETTY J. STURGELL** FEB. 22, 1996

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)