FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

407-777-0045

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**1. Corporation Name

702148

500 PALM SPRINGS BLVD.

SATELLITE BCH FL

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

(8)

SECOND CHURCH OF CHRIST, SCIENTIST, MELBOURNE, F LORIDA, INC.

Principal Place of Business Mailing Address MELBOURNE, FLORIDA, INC. MELBOURNE, FLORIDA, INC. 565 MONTREAL AVE. 565 MONTREAL AVE. MELBOURNE FL 32935-7006 MELBOURNE FL 32935-4006 3a. Date of Last Report 3. Date incorporated or Qualified 03/15/1961 02/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 70-2148150 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name STURGELL, JAMES O 62 Street Address (P.O. Box Number is Not Acceptable) 397 BERKELEY ST 63 SATELLITE BEACH FL 32937 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. TITLE DELETE 1.1 TITLE Change Addition DC PRICE, RUSSELL NAME 1.2 NAME 769 BOC CIRCLE NW STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition GRAHAM, ELLA N. NAME 2.2 NAME 1370 PRUM AVE NW STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE n DELETE 3.1 TITLE ☐ Change HATCH, ALTHA NAME 3.2 NAME 1966 OAKWOOD DR. STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE SD 4.1 TITLE STURGELL, BETTY JO NAME 4. 2 NAME 397 BERKELEY STREET STREET ADDRESS 4.3 STREET ADDRESS SATELLITE BCH, FL 00000 CITY-ST-ZIP 4.4 City-St-7iP Addition ☐ DELETE ☐ Change 1/TLE 5.1 TITLE D STURGELL, JAMES O. NAME 5.2 NAME 397 BERKELEY ST. STREET ADDRESS 5.3 STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE S 6.1 TITLE Change **Addition** TITLE NAME HALE, HELEN 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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.

Detirace STURGELL DAMES O.