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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 702148

1. Corporation Name

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



Principal Place of Business  
 MELBOURNE, FLORIDA, INC.  
 565 MONTREAL AVE.  
 MELBOURNE FL 32935-4006

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 03/15/1961

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 70-2148150

Applied For  
 Not Applicable

23 City & State

27 City & State

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

24 Zip Country

28 Zip Country

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

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

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

83

84 City

FL

85 Zip Code

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  DELETE  
 NAME PRICE, RUSSELL  
 STREET ADDRESS 769 BOC CIRCLE NW  
 CITY-ST-ZIP PALM BAY FL

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

TITLE D  DELETE  
 NAME GRAHAM, ELLA N.  
 STREET ADDRESS 1370 PRUM AVE NW  
 CITY-ST-ZIP PALM BAY FL

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

TITLE D  DELETE  
 NAME HATCH, ALTHA  
 STREET ADDRESS 1966 OAKWOOD DR.  
 CITY-ST-ZIP MELBOURNE FL

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

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

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

TITLE D  DELETE  
 NAME PRICE, CAROL  
 STREET ADDRESS 769 BOC CIRCLE NW  
 CITY-ST-ZIP PALM BAY FL 32905

5.1 TITLE D  Change  Addition  
 5.2 NAME MCGARY, PATRICIA  
 5.3 STREET ADDRESS 3150 N. ATLANTIC AVE.  
 5.4 CITY-ST-ZIP COCOA BCH. FL. 32931

TITLE D  DELETE  
 NAME STANTON, ELSIE  
 STREET ADDRESS 10640 S TROPICAL TRAIL  
 CITY-ST-ZIP MERRITT ISLAND FL 32925

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

14. I 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, with all other like empowered.

SIGNATURE: *James O. Sturgell* SIGNATURE REQUIRED: *James O. Sturgell* 407-777-0045  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-11-99 Daytime Phone #

CR2E037 (11/98)