

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

**APPROVED  
AND  
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95 MAY - 1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 702253 (6)  
1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORIDA A. INC.**

Principal Place of Business Mailing Address  
515 E OCEAN BLVD STUART FL 34994 US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/08/1961 3a. Date of Last Report 01/25/1994

4. FEI Number 59-2096064 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. 199.012, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
STEPHEN B. CALVERT  
578 PALM BEACH RD.  
STUART FL 33494

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

I, 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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME HOWARD, VI STREET ADDRESS 3281 S.E. COURT DR CITY- ST- ZIP STUART FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition T	12 NAME 13 STREET ADDRESS June Bols 14 CITY- ST- ZIP 2467 SW Reilley Ave. Palm City, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME SCHIFFEL, JEANETTE STREET ADDRESS 2820 NE COLD SPRING DR CITY- ST- ZIP JENSEN BEACH FL	21 TITLE T	22 NAME 23 STREET ADDRESS Marjorie Richey 24 CITY- ST- ZIP 579 N.E. Plantation Rd., N-203 Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME EWING, GERRITT STREET ADDRESS 1950 PALM CITY RD., #12303 CITY- ST- ZIP STUART FL	31 TITLE T	32 NAME 33 STREET ADDRESS Earleen Rowell 34 CITY- ST- ZIP 1108 Osceola St. Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME DRAGSETH, DORA JANE STREET ADDRESS 3623 SE OLD ST LUCIE BLV CITY- ST- ZIP STUART FL	41 TITLE S	42 NAME 43 STREET ADDRESS Secretary-Clerk 44 CITY- ST- ZIP Dorothy Race 690 N.W. AvensStreet PortSt. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME ALLEN, MILDRED STREET ADDRESS 1900 PALM CITY RD., APT. 28H CITY- ST- ZIP STUART FL	51 TITLE T	52 NAME 53 STREET ADDRESS Vice Chairman 54 CITY- ST- ZIP Erika Risedorph 5598 N. E. Gulfstream Way Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME LORD, MARY STREET ADDRESS 1600 NE DIXIE HIGHWAY, 5-203 CITY- ST- ZIP JENSEN BEACH FL	61 TITLE T	62 NAME 63 STREET ADDRESS Board Member 64 CITY- ST- ZIP Jacqueline Laver 1542 S.W. Troon Circle Stuart, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 the 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: Dorothy C. Race Clerk Date: Apr. 3, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR