

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 702253 (6)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORIDA, INC.



Principal Place of Business

Mailing Address

515 E OCEAN BLVD
STUART FL 34994
US

515 E OCEAN BLVD
STUART FL 34994
US

3. Date Incorporated or Qualified 04/08/1961
3a. Date of Last Report 05/01/1995

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

4. FEI Number	Applied For
59-2096064	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHEN B. CALVERT
578 PALM BEACH RD.
STUART FL 33494

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUNE BOLS	1.2 NAME	Dora Jane Dragseth
STREET ADDRESS	2467 SW REILLEY AVE	1.3 STREET ADDRESS	3623 S.E. Old St. Lucie Blvd.
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Stuart, FL 34996 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TC	2.1 TITLE	D/VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARJORIE RICHEY	2.2 NAME	Shirley A. Goodner
STREET ADDRESS	579 NE PLANTATION TD., N-203	2.3 STREET ADDRESS	588 S.F. Chapman Ave.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34984 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T	3.1 TITLE	T
NAME	EARLEEN ROWELL	3.2 NAME	Gerritt L. Ewing
STREET ADDRESS	1108 OSCEOLA ST	3.3 STREET ADDRESS	1950 Palm City Rd 1-103
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SC	4.1 TITLE	D
NAME	DOROTHY RACE	4.2 NAME	Virginia S. Burch
STREET ADDRESS	690 NW AVEN ST	4.3 STREET ADDRESS	924 Weir St.
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TVC	5.1 TITLE	D
NAME	ERIKA RISEDORPH	5.2 NAME	June Graves
STREET ADDRESS	5598 NE GULFSTREAM WAY	5.3 STREET ADDRESS	93 S. Sewalls Point Rd
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TB	6.1 TITLE	D
NAME	JACQUILINE LAVER	6.2 NAME	Carol Kerlikowske
STREET ADDRESS	1542 SW TROON CIRCLE	6.3 STREET ADDRESS	1924 NW 22nd St. Stuart, FL 34994
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

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 118.07(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:

Dorothy C. Race
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #:

CR2E037 (12/95)