

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702253 (6)**  
1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORIDA, INC.**



Principal Place of Business <b>515 E OCEAN BLVD STUART FL 34994 US</b>	Mailing Address <b>515 E OCEAN BLVD STUART FL 34994-2571 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/08/1961</b>	3a. Date of Last Report <b>03/27/1996</b>
21	22	23	24	4. FEI Number <b>59-2096064</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip	Country	Zip	Country	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			
<b>STEPHEN B. CALVERT</b> <b>578 PALM BEACH RD.</b> <b>STUART FL 33494</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAGSETH, DORA JANE		1.2 NAME	Doris B. Loose	
STREET ADDRESS	3623 SE OLD ST LUCIE BLVD		1.3 STREET ADDRESS	2138 SW Imperial St.	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Port St. Lucie, FL 34987	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODNER, SHIRLEY A.		2.2 NAME	Gerritt L. Ewing	
STREET ADDRESS	588 SE CHAPMAN AVENUE		2.3 STREET ADDRESS	1950 Palm City Rd. 1=103	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLEEN ROWELL		3.2 NAME	Joyce Wilson	
STREET ADDRESS	1108 OSCEOLA ST		3.3 STREET ADDRESS	6329 Baktysrik Ter,	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	SC	<input type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY RACE		4.2 NAME	Bonnie C. Landry	
STREET ADDRESS	690 NW AVEN ST		4.3 STREET ADDRESS	700 Cleveland Ave.	
CITY-ST-ZIP	PT. ST. LUCIE FL		4.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, JUNE		5.2 NAME		
STREET ADDRESS	93 S SEWALLS POINT ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERLIKOWSKE, CAROL		6.2 NAME		
STREET ADDRESS	1924 NW 22ND STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		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.

CR2E037 (9/96)