

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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, FLORID A, 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 US</b>
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3. Date Incorporated or Qualified <b>04/08/1961</b>
4. FEI Number <b>59-2096064</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  
61 Name **Anthony F. Palmer**  
62 Street Address (P.O. Box Number is Not Acceptable)  
63 **2848 SW Brighton Way**  
64 City **Palm City** FL 65 Zip Code **34990**

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 *Anthony Palmer* **April 2, 1998**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T NAME: LOOSE, DORIS B STREET ADDRESS: 2138 SW IMPERIAL ST. CITY-ST-ZIP: PORT ST. LUCIE FL	<input type="checkbox"/> DELETE	1.1 TITLE: Tr 1.2 NAME: James C. Lauffer 1.3 STREET ADDRESS: 8 N. Sewalls Point Rd 1.4 CITY-ST-ZIP: Sewalls Point, FL 34996
T NAME: EWING, GERRITT L. STREET ADDRESS: 1950 PALM CITY RD., 1-103 CITY-ST-ZIP: STUART FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Tr 2.2 NAME: Lillian E. Meyer 2.3 STREET ADDRESS: 8433 SE Double Tree Dr 2.4 CITY-ST-ZIP: Hobe Sound, FL 33455
T NAME: WILSON, JOYCE STREET ADDRESS: 6329 BAKTYSRIK TERR CITY-ST-ZIP: STUART FL	<input type="checkbox"/> DELETE	3.1 TITLE: T 3.2 NAME: Violet Howard 3.3 STREET ADDRESS: 3281 SE Court Dr 3.4 CITY-ST-ZIP: Stuart, FL 34997
SC NAME: DOROTHY RACE STREET ADDRESS: 690 NW AVEN ST CITY-ST-ZIP: PT. ST. LUCIE FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: GRAVES, JUNE STREET ADDRESS: 93 S SEWALLS POINT ROAD CITY-ST-ZIP: STUART FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: KERLIKOWSKA, CAROL STREET ADDRESS: 1924 NW 22ND STREET CITY-ST-ZIP: STUART FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Dorothy Race* **Dorothy Race** SC April 2, 1998

CR2E037 (10/97)