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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90011 019 ****61.25

DOCUMENT # 702253

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORID

Mailing Address

NAME LAUFFER, JAMES C. 22 NAME Alfred E. Jacobs 6042 SE Riverboat Dr SEWALLS POINT FL 34996 22 STREET ADDRESS 6042 SE Riverboat Dr Stuart, FL 34997 Change Addition Color Change Chang	Principal Place of business Walling Address									
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Suite, Apt. #, etc.	⊢	——————————————————————————————————————						04/08/1961		
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Agent. I am tarminar with, and accept the colligations of, Section 67.0505, Final Statutes. SIGNATURE Signature, Typed or probled name of registered agents and title if applicable. (NOTE: Registered Agent agents registered agents and title if applicable. (NOTE: Registered Agent agents registered agents and title if applicable.) TITLE TOPIC OFFICERS AND DIRECTORS ITTLE TOPIC OFFICERS AND DIRECTORS ITTLE TOPIC OFFICERS AND DIRECTORS IN 12 ITTLE DOSE, DORIS B 1.3 STREET ADDRESS 2138 SW IMPERIAL ST. 1.4 CMY-ST-2PP PORT ST. LUCIE FL 1.4 CMY-ST-2PP TOPIC OFFICERS AND DIRECTORS IN 12 1.4 CMY-ST-2PP TOPIC OFFICERS AND DIRECTORS 1.4 CMY-ST-2PP TOPIC OFFICERS AND DIRECTORS 1.4 CMY-ST-2PP TOPIC OFFICERS AND DIRECTORS 1.4 CMY-ST-2PP TOPIC OFFICERS AND TOPIC OFFICERS AND TOPIC OFFICERS AND TOPIC OFFICERS 1.4 CMY-ST-2PP TOPIC OFFICERS AND TOPIC OFFICERS 1.4 CMY-ST-2PP TOPIC OFFICERS AND TOPIC OFFICERS 1.4 CMY-ST-2PP TOPIC OFFICERS 1.4 CMY-ST-2PP TOPIC OFFICERS 1.4 CMY-ST-2		•	• •	1		·		FL		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR