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**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90011 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702253**

1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORID A, INC.**

Principal Place of Business 515 E OCEAN BLVD STUART FL 34994 US	Mailing Address 515 E OCEAN BLVD STUART FL 34994 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/08/1961	4. FEI Number 59-2096064	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

**PALMER, ANTHONY F.**  
**2848 SW BRIGHTON WAY**  
**PALM CITY FL 34990**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T LOOSE, DORIS B <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D Mayfa J. Hilton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOOSE, DORIS B	1.2 NAME	4238 SE Home Way
STREET ADDRESS	2138 SW IMPERIAL ST.	1.3 STREET ADDRESS	Port St. Lucie, FL 34952
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	T LAUFFER, JAMES C. <input type="checkbox"/> DELETE	2.1 TITLE	D Alfred E. Jacobs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUFFER, JAMES C.	2.2 NAME	6042 SE Riverboat Dr
STREET ADDRESS	8 N. SEWALLS POINT RD	2.3 STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP	SEWALLS POINT FL 34996	2.4 CITY-ST-ZIP	
TITLE	T WILSON, JOYCE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/V Franklin B. Loose <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, JOYCE	3.2 NAME	2138 SW Imperial St.
STREET ADDRESS	6329 BAKTYSRIK TERR	3.3 STREET ADDRESS	Port St. Lucie, FL 34987
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	SC DOROTHY RACE <input type="checkbox"/> DELETE	4.1 TITLE	D Anthony F. Palmer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY RACE	4.2 NAME	2848 SW Brighton Way
STREET ADDRESS	690 NW AVEN ST	4.3 STREET ADDRESS	Palm City, FL 34990
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	T MEYER, LILLIAN E. <input type="checkbox"/> DELETE	5.1 TITLE	D/C Claire B. Parry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, LILLIAN E.	5.2 NAME	1800 SE St. Lucie Blvd 12-104
STREET ADDRESS	8433 SE DOUBLE TREE DRIVE	5.3 STREET ADDRESS	Stuart, FL 34996
CITY-ST-ZIP	HOBE SOUND FL 33455	5.4 CITY-ST-ZIP	
TITLE	T HOWARD, VIOLET <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOWARD, VIOLET	6.2 NAME	
STREET ADDRESS	3281 SE COURT DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	6.4 CITY-ST-ZIP	

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 REQUIRED** Dorothy C. Race, Clerk 4-9-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (561) 978-6375

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