

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

57 FEB -6 2:12:12

DOCUMENT # 703621 (3)
1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, BOCA RATON, FLORIDA, INC.

Principal Place of Business Mailing Address
566 W PALMETTO PARK RD BOCA RATON FL 33432
566 W PALMETTO PARK RD BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1962
3a. Date of Last Report 03/10/1994
4. FEI Number 59-1143806
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
TILLMAN, JERRY L.
1423 S.W. 13TH PLACE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name Susan G. Tillman
82 Street Address (P.O. Box Number is Not Acceptable) 1423 SW 13 PL
83
84 City Boca Raton FL 85 Zip Code 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Susan G. Tillman Susan G. Tillman (treasurer) Jan. 19, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	METZNER, CLARA
STREET ADDRESS	701 E. CAMINO REAL, APT 1H
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D
NAME	HILL, HARRIETTE
STREET ADDRESS	600 N.E. GOLDEN HARBOUR DR. <i>Delete</i>
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D
NAME	COWIN-MILLER, SUZANNE
STREET ADDRESS	140 SE 5TH AVE., APT. 440 <i>Delete</i>
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	EVANS, ELIZABETH G.
STREET ADDRESS	670 SW ELM TREE LN. <i>Delete</i>
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	D
NAME	SCHAPER, WARREN
STREET ADDRESS	3015 CANTERBURY DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	EHRHARDT, JOHN
STREET ADDRESS	1055 PARKSIDE CIRCLE, NORTH
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Day
2.3 STREET ADDRESS	22456 Waterside DR
2.4 CITY-ST-ZIP	Boca Raton, FL 33428
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert L. McCulloch
3.3 STREET ADDRESS	6965 Giralda Circle
3.4 CITY-ST-ZIP	Boca Raton, FL 33433
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Shirley Van Hoff
4.3 STREET ADDRESS	8646 Via Reale, Unit #3
4.4 CITY-ST-ZIP	Boca Raton, FL 33496
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: Clara Metzner Clara Metzner (Chairman) Jan. 19, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) Filing Fee \$