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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33432-3656

3. Date Incorporated or Qualified
02/21/1962

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1143806

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TILLMAN, SUSAN G.
1423 SW 13 PLACE
BOCA RATON FL 33486

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

Susan G. Tillman

Susan G. Tillman (treasurer)

Jan. 6, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOICE, YVONNE S.	
STREET ADDRESS	561 NE GOLDEN HARBOUR DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAY, MICHAEL	
STREET ADDRESS	22456 WATERSIDE DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, GLADYS	
STREET ADDRESS	701 E CAMINO REAL APT 5B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN HOFF, SHIRLEY	
STREET ADDRESS	8646 VIA REALE, UNIT #3	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAPER, WARREN	
STREET ADDRESS	3015 CANTERBURY DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EHRHARDT, JOHN	
STREET ADDRESS	1055 PARKSIDE CIRCLE, NORTH	
CITY-ST-ZIP	BOCA RATON FL	

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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joan H. McMurray	
2.3 STREET ADDRESS	1041 NW 3 Street	
2.4 CITY-ST-ZIP	Boca Raton, FL 33486	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Barbara Jean Melsom	
5.3 STREET ADDRESS	577207 Arbor Club Way, Bldg 1	
5.4 CITY-ST-ZIP	Boca Raton, FL 33433	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Richard Ollis	
6.3 STREET ADDRESS	1913 Coquina Way	
6.4 CITY-ST-ZIP	Coral Springs, FL 33071	

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.

SIGNATURE:

Joan H. McMurray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan H. McMurray (Chairman)

Jan. 14, 1997

Date

Day/Time Phone #

0038966

CR2E037 (9/96)