

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90126 004 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 703621

1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, BOCA RATON, FLORIDA, INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1143806	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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			
				Drummond, Gloria			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1428 SE 4 Ave, #264			
				83			
				84 City		85 Zip Code	
				Deerfield Beach		FL 33441	

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: Gloria Drummond, Director *Gloria Drummond* 4/26/99  
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOICE, YVONNE S.	1.2 NAME	Drummond, Gloria
STREET ADDRESS	561 NE GOLDEN HARBOUR DRIVE	1.3 STREET ADDRESS	1428 SE 4 AVE, #264
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARWOOD, JANE	2.2 NAME	
STREET ADDRESS	875 E CAMINO REAL 14C	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, GLADYS	3.2 NAME	K Ledbetter, Susan
STREET ADDRESS	701 E CAMINO REAL APT 5B	3.3 STREET ADDRESS	2900 Banyan Blvd. Circle
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTLEY, MARJORIE	4.2 NAME	
STREET ADDRESS	701 E CAMIJO REAL APT 3H	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, DORIS	5.2 NAME	
STREET ADDRESS	1287 SW 16 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDS, RICHARD	6.2 NAME	
STREET ADDRESS	1913 COQUINA WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	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: Richard Olds, Director *Richard Olds* 4/26/99 954-346-5747  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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532086901264

Section 13 Continued:

7. D Addition  
Wagner, Richard L.  
Sea Haven Condo, #225  
2731 NE 14 Street  
Pompano Beach, FL 33062

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