## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

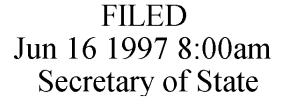
Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

FIRST CHURCH OF CHRIST SCIENTIST OF CLERMONT, FL ORIDA, INC.

Principal Place of Business

Mailing Address





NT, FLORIDA, INC. 510 MINNEOLA AVE. CLERNONT FL 34711		NT. FLORIDA. INC. 510 MINNEOLA AVE. CLERMONT FL 34711					
				Date Incorporated or Qualified	3a. Date of Last Repo	rt T	
					03/12/1953	05/10/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applie	d For
21		26			59-6525747		plicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing			
		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Žφ	Country		· · · · · · · · · · · · · · · · · · ·	his corporation has liability for intangible tax under s. 199.032,	
24]	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	s, traine and Address of Carton	negreciou Agunt	81	Name	TO, Hallie and Address of New Neg	istored Myorit	
BELL. F	RICHARD H.		82	Stract 6s	Maron (D.O. Doy Niveshor in Not Assessed	- \	
1139 LAKESHORE DR.			02	Sireel AC	ddress (P.O. Box Number is Not Acceptabl	e)	
	ONT FL 34711		83				
			84	City		85 Zip Cod	<del>-</del>
44 Divoluent	to the provisions of Captions 617 0500	and 617 1500. Finalds Olat de	- 466			FLII	
Office of t	egistered agent, or both, in the State of maniliar with, and accept the obligat	il Florida. Such chango was a	utharized h	v the corno	orporation submits this statement for the puration's board of directors. I hereby accept	irpose of changing its re the appointment as reg	istered
=	im lamiliar with, and accept the obligat	ions of, Section 617.0503, Fig	rida Statute	8.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title If applicable. (NOTE	: Registered Ag	ent signature rei	quired when reinstating)	DATE	
12.	OFFICERS AND	<del></del>	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN	<del>1 12</del>
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	BELL, MARIAN		1.2 NAME				2
STREET ADDRESS	OLEOMONIC EL AGOGO			T ADDRESS			إإ
CITY-ST-ZIP TITLE			1.4 CITY - S 2.1 TITLE	ST - ZIP		Change	Addition
NAME	TOWNS HOLD ASSESSMENT		2.2 NAME			Contract Co	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	7033 SAMPEY RD.		23 STREET	T ADDRESS		•	•
CITY-ST-ZIP			2. 4 CiTY-	ST-ZIP			- 1
TITLE	<u> </u>		3.1 TITLE			Change	Addition
NAME	BELL, RICHARD			Ī		•	
STREET ADDRESS	OLEMANIT EL A			ADDRESS			
CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE	ST-ZIP		☐ Change	Addition
NAME	IPLACIAL A REAL		4.1 HILE 4.2 NAME			La change (	1 70000011
STREET ADDRESS	13124 LOBLOLLY LANE			T ADDRESS			
CITY-ST-ZIP	CLERMONT FL 34711		4.4 CITY-5				
TITLE		☐ DELETE	5.1 TITLE			Change _	Addition
NAME			5.2 NAME				- 1
STREET ADDRESS	,		5.3 STREET	ADDRESS			
CITY-ST-ZIP		Lociete	5.4 CITY - 5	ST-ZIP			1 4 4 4 201
TITLE		☐ DELETE	6.1 TITLE	1		Change	Addilion
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	r ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	ľ			
V. V. S.			0.4 01117-0	21 LH			

14. I do hereby certify that the information supplied with this fling 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 chapter on an algorithment with an address.