

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90147 007 ****61.25

DOCUMENT # 704555

1. Corporation Name

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

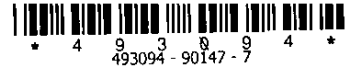
AKA Christian Science Society of Clermont

Principal Place of Business

NT. FLORIDA, INC.
510 MINNEOLA AVE.
CLERMONT FL 34711

Mailing Address

NT. FLORIDA, INC.
510 MINNEOLA AVE.
CLERMONT FL 34711



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/12/1953

4. FEI Number

59-6525747 59-3495649

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

9. Name and Address of Current Registered Agent

BELL, RICHARD H.
1139 LAKESHORE DR.
CLERMONT FL 34711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETED

TITLE D
NAME BELL, MARIAN
STREET ADDRESS 208 EAST AVE BOX 593
CITY-ST-ZIP CLERMONT, FL 00000

TITLE D
NAME ALBRIGHT, JOY
STREET ADDRESS 510 MINNEOLA AVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE D
NAME BELL, RICHARD
STREET ADDRESS 1139 LAKE SHORE DRIVE
CITY-ST-ZIP CLERMONT, FL 0

TITLE TD
NAME JELSEMA, C. BEN
STREET ADDRESS 13124 LOBLOLLY LANE
CITY-ST-ZIP CLERMONT FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ROSALIE DAU SCHMIDT
1.3 STREET ADDRESS 206 Jacaranda Lane
1.4 CITY-ST-ZIP Leesburg, FL 34748

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

C. Ben Jelsema
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/99

Daytime Phone #

407 877-8080

CR2E037 (11/98)