

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:13

DOCUMENT # 705069 (3)

1. Corporation Name
**FIRST CHURCH OF CHRIST, SCIENTIST TITUSVILLE, FL
ORIDA, INC.**

Principal Place of Business	Mailing Address
705 HARRISON STREET PO BOX 1677 TITUSVILLE FL 32781-1677	705 HARRISON STREET PO BOX 1677 TITUSVILLE FL 32781-1677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1963	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2327302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**DANN, JOHN
1237 HARRISON ST.
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name	Daniel Shilling
82 Street Address (P.O. Box Number is Not Acceptable)	2904 Jasmine St.
83	
84 City	Titusville
85 State	FL
86 Zip Code	32796

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 **Daniel C. Shilling** *Daniel C. Shilling* **2-7-95**
Signature, typed or printed name of registered agent and title if applicable. (The Registered Agent's name is required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	COOPER, PEGGY
STREET ADDRESS	2655 BOBCAT TRAIL
CITY-ST-ZIP	TITUSVILLE, FL 00000
TITLE	D
NAME	THERMENOS, C. T.
STREET ADDRESS	51 BROAD ST.
CITY-ST-ZIP	TITUSVILLE, FL 00000
TITLE	D
NAME	CARTER, JESSIE
STREET ADDRESS	511 WAGER ST
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	PD
NAME	DANN, JOHN
STREET ADDRESS	1237 HARRISON ST.
CITY-ST-ZIP	TITUSVILLE, FL 00000
TITLE	EWIN
NAME	G, MARY
STREET ADDRESS	1881 FRIARS CT
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joann McDowell	
1.3 STREET ADDRESS	1940 N. Carpenter Rd.	
1.4 CITY-ST-ZIP	Titusville, FL 32796	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ella Garity	
2.3 STREET ADDRESS	2825 S. Washington Av	
2.4 CITY-ST-ZIP	Titusville, FL 32780	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marisel Sisson	
3.3 STREET ADDRESS	450 Little League	
3.4 CITY-ST-ZIP	Titusville, FL 32780	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Daniel Shilling	
4.3 STREET ADDRESS	2904 Jasmine St.	
4.4 CITY-ST-ZIP	Titusville, FL 32796	
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)(k), 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: **Daniel C. Shilling** *Daniel C. Shilling* **2/7/95** **407 2676059**
Signature and typed or printed name of signing officer or director. (Date) (Telephone #)