

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 705069 (3)**

1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST TITUSVILLE, FLORIDA, 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

3. Date Incorporated or Qualified **01/18/1963** 3a. Date of Last Report **02/16/1995**

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

4. FEI Number **59-2327302** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$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

**SHILLING, DANIEL  
2904 JASMINE ST.  
TITUSVILLE FL 32796**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 *Daniel Shilling*

**DANIEL SHILLING**

**2/18/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCDOWELL, JOANN</b>	
STREET ADDRESS	<b>1940 N. CARPENTER ROAD</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GARITY, ELLA</b>	
STREET ADDRESS	<b>2825 S. WASHINGTON AVE.</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SISSON, MARIEL</b>	
STREET ADDRESS	<b>450 LITTLE LEAGUE LANE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHILLING, DANIEL</b>	
STREET ADDRESS	<b>2904 JASMINE STREET</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 00000</b>	
TITLE	<b>EWIN</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>G, MARY</b>	
STREET ADDRESS	<b>1861 FRIARS CT</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>JESSIE CARTER</b>		
1.3 STREET ADDRESS	<b>511 Wager St.</b>		
1.4 CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Stanley Ewing</b>		
3.3 STREET ADDRESS	<b>1861 Friars Court</b>		
3.4 CITY-ST-ZIP	<b>Titusville, FL 32796</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(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: *Joann McDowell*

**JOANN MC DOWELL**

**Feb 6, 1996**

**407-267-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E037 (12/95)