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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32781-1677705 HARRISON STREET
PO BOX 1677
TITUSVILLE FL 32781-16773. Date Incorporated or Qualified
01/18/19633a. Date of Last Report
02/23/19964. FEI Number
59-2327302Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ 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 Country

28 Zip Country

24

29 30

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE
NAME MCDOWELL, JOANN
STREET ADDRESS 1940 N. CARPENTER ROAD
CITY-ST-ZIP TITUSVILLE, FL 000001.1 TITLE ☐ Change ☒ Addition
1.2 NAME D MORRIS, MARGIE
1.3 STREET ADDRESS 218 FORRELL AVE.
1.4 CITY-ST-ZIP TITUSVILLE, FL 32796TITLE D ☒ DELETE
NAME GARITY, ELLA
STREET ADDRESS 2825 S. WASHINGTON AVE.
CITY-ST-ZIP TITUSVILLE, FL 000002.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CARTER, JESSIE
STREET ADDRESS 511 WAGER STREET
CITY-ST-ZIP TITUSVILLE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME SHILLING, DANIEL
STREET ADDRESS 2904 JASMINE STREET
CITY-ST-ZIP TITUSVILLE, FL 000004.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME EWING, STANLEY
STREET ADDRESS 1881 FRIARS COURT
CITY-ST-ZIP TITUSVILLE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: *Daniel Shilling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/5/97
Date

Daytime Phone # 0015159

CR2E037 (9/96)