


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

**FILED**

**Feb 19 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705069 (3)**

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



Principal Place of Business <b>705 HARRISON STREET PO BOX 1677 TITUSVILLE FL 32781-1677</b>	Mailing Address <b>705 HARRISON STREET PO BOX 1677 TITUSVILLE FL 32781-1677</b>
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3. Date Incorporated or Qualified <b>01/18/1963</b>	
4. FEI Number <b>59-2327302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>Dann, John</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>3025 Mulberry Drive</b>	
83	
84 City <b>Titusville</b>	85 Zip Code <b>FL 32780</b>

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 John Dann CD (NOTE: Registered Agent signature required when reinstating) DATE 2-9-98

12. OFFICERS AND DIRECTORS

TITLE <b>TD</b>	NAME <b>MCDOWELL, JOANN</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1940 N. CARPENTER ROAD</b>	CITY-ST-ZIP <b>TITUSVILLE, FL 00000</b>	
TITLE <b>D</b>	NAME <b>MORRIS, MARGIE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>218 FORRELL AVE</b>	CITY-ST-ZIP <b>TITUSVILLE, FL 00000</b>	
TITLE <b>D</b>	NAME <b>CARTER, JESSIE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>511 WAGER STREET</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	
TITLE <b>PD</b>	NAME <b>SHILLING, DANIEL</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>2904 JASMINE STREET</b>	CITY-ST-ZIP <b>TITUSVILLE, FL 00000</b>	
TITLE <b>D</b>	NAME <b>EWING, STANLEY</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1861 FRIARS COURT</b>	CITY-ST-ZIP <b>TITUSVILLE FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Dann, John</b>	
1.3 STREET ADDRESS <b>3025 Mulberry Dr.</b>	
1.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Gerrity, Ella</b>	
2.3 STREET ADDRESS <b>2825 S. Washington Ave.</b>	
2.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Vanhemert, Martyn</b>	
3.3 STREET ADDRESS <b>3752 Sawgrass Dr.</b>	
3.4 CITY-ST-ZIP <b>Titusville, FL 32780</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>McDowell, Joann</b>	
4.3 STREET ADDRESS <b>1940 N. Carpenter Rd.</b>	
4.4 CITY-ST-ZIP <b>Titusville, FL 32796</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 John Dann DATE 2-9-98

CFR2037 (10/97)