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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 705069

1. Corporation Name

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

Principal Place of Business

**705 HARRISON STREET
PO BOX 1677
TITUSVILLE FL 32781-1677**

Mailing Address

**705 HARRISON STREET
PO BOX 1677
TITUSVILLE FL 32781-1677**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

01/18/1963

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

9. Name and Address of Current Registered Agent

**DANN, JOHN
3025 MULBERRY DR
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name

Vanhemert, Martyn

82 Street Address (P.O. Box Number is Not Acceptable)

3752 Sawgrass Drive

83

84 City

Titusville

FL

85 Zip Code

32780

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

Martyn Van Hemert (Chm. Dtd)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/99

12. OFFICERS AND DIRECTORS

T ☒ DELETE
NAME **MCDOWELL, JOANN**
STREET ADDRESS **1940 N. CARPENTER ROAD**
CITY-ST-ZIP **TITUSVILLE, FL 00000 32796**

D ☐ DELETE
NAME **MORRIS, MARGIE**
STREET ADDRESS **218 FORRELL AVE**
CITY-ST-ZIP **TITUSVILLE, FL 00000**

D ☒ DELETE
NAME **CARTER, JESSIE**
STREET ADDRESS **511 WAGER STREET**
CITY-ST-ZIP **TITUSVILLE FL**

CD ☒ DELETE
NAME **DANN, JOHN**
STREET ADDRESS **3025 MULBERRY DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

D ☐ DELETE
NAME **GERRITY, ELLA**
STREET ADDRESS **2825 S WASHINGTON AVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

D ☐ DELETE
NAME **VANHEMERT, MARTYN**
STREET ADDRESS **3752 SAWGRASS DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Shilling, Tobey**
1.3 STREET ADDRESS **2904 Jasmine St.**
1.4 CITY-ST-ZIP **Titusville, FL 32796**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Longanecker, Mary Jane**
2.3 STREET ADDRESS **6515 Windover Way**
2.4 CITY-ST-ZIP **Titusville, FL 32780**

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

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

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

6.1 TITLE ☐ Change ☐ 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)(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 line empowered.

SIGNATURE: *Martyn Van Hemert (Chm. Dtd)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/99

CR2E037 (11/98)