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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, FLORIDA, 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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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)* MARTYN VAN HEMERT (MRS) 2/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCDOWELL, JOANN	
STREET ADDRESS	1940 N. CARPENTER ROAD	
CITY-ST-ZIP	TITUSVILLE, FL 00000 32796	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, MARGIE	
STREET ADDRESS	218 FORRELL AVE	
CITY-ST-ZIP	TITUSVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, JESSIE	
STREET ADDRESS	511 WAGER STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DANN, JOHN	
STREET ADDRESS	3025 MULBERRY DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERRITY, ELLA	
STREET ADDRESS	2825 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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)(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 lines empowered.

SIGNATURE: *Martyn Van Hemert (MRS)* MARTYN VAN HEMERT 2/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)