

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY - 1 AM 11: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 705766 (4)  
1. Corporation Name  
FIRST CHURCH OF CHRIST SCIENTIST, CORAL GABLES, FLORIDA

Principal Place of Business Mailing Address  
P.O. BOX 140504 CORAL GABLES FL 33114-7504

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1963 3a. Date of Last Report 02/24/1994  
4. FBI Number 59-0637839 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
VANCE, LISA  
410 ANDALUSIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOFFO, JOHN J	12 NAME	NOFFO, JOHN J.
STREET ADDRESS	4975 N. KENDALL DRIVE	13 STREET ADDRESS	4975 N. Kendall Drive
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	Miami, FL 33156
TITLE	DVC	21 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEBLE, JANE T	22 NAME	DUNHAM, GARY
STREET ADDRESS	622 SAN ANTONIO AVENUE	23 STREET ADDRESS	8601 SW 42 Terr.
CITY - ST - ZIP	CORAL GABLES FL	24 CITY - ST - ZIP	Miami, FL 33155
TITLE	DS	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, KATHRYN	32 NAME	THOMAS, HELEN
STREET ADDRESS	1045 CASTLE AVENUE	33 STREET ADDRESS	4732 SW 67 Ave. K-8
CITY - ST - ZIP	CORAL GABLES FL	34 CITY - ST - ZIP	Miami, FL 33155
TITLE	D	41 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLINE, DOROTHY	42 NAME	HARTLINE, DOROTHY
STREET ADDRESS	6510 MAYNADA STREET	43 STREET ADDRESS	6510 Maynada St.
CITY - ST - ZIP	CORAL GABLES FL	44 CITY - ST - ZIP	Coral Gables, FL 33146
TITLE	D	51 TITLE	DVC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO-HERERRA, SYLVIA	52 NAME	BLANCO-HERRERA, SYLVIA
STREET ADDRESS	1125 ANASTASIA AVENUE	53 STREET ADDRESS	1125 Anastasia Ave.
CITY - ST - ZIP	CORAL GABLES FL	54 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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: Dorothy Hartline Dorothy Hartline 2/20/95 305-665-4600  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)