

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

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CORAL GABLES FL 33114-7504

3. Date Incorporated or Qualified <b>06/17/1963</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-0637839</b>	Applied For 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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Country
24. Country	29. Zip
25. Country	30. Zip

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 **Richard Keeble**

82. Street Address (P.O. Box Number is Not Acceptable) **410 Andalusia Avenue**

83. City **Coral Gables**

84. City **Coral Gables** FL 85. Zip Code **33134**

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 *Richard Keeble* **Richard Keeble, Clerk** DATE **15MAY96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOFFO, JOHN J	
STREET ADDRESS	4975 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DUNHAM, GARY	
STREET ADDRESS	8601 SW 42 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, HELEN	
STREET ADDRESS	4732 SW 67 AVE K-8	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HARTLINE, DOROTHY	
STREET ADDRESS	6510 SW MAYNADA ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	BLANCO-HERRERA, SYLVIA	
STREET ADDRESS	1125 ANASTASIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARTLINE, DOROTHY	
1.3 STREET ADDRESS	6510 MAYNADA ST	
1.4 CITY-ST-ZIP	CORAL GABLES FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACK MADES	
4.3 STREET ADDRESS	105 West Sunrise Ave.	
4.4 CITY-ST-ZIP	Coral Gables, FL 33133	<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	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	EDUARDO ROJAS	
6.3 STREET ADDRESS	4540 SW 5th ST	
6.4 CITY-ST-ZIP	MIAMI FL 33134	

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 119.07(3)(k), 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: *Richard Keeble* **Richard Keeble, Clerk** DATE **15MAY96**

CR2E037 (12/95)