


FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705766 (4)
1. Corporation Name
FIRST CHURCH OF CHRIST SCIENTIST, CORAL GABLES, FLORIDA



Principal Place of Business P.O. BOX 140504 CORAL GABLES FL 33114-7504	Mailing Address P.O. BOX 140504 CORAL GABLES FL 33114-0504
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3. Date Incorporated or Qualified 06/17/1963	3a. Date of Last Report 05/21/1996
4. FEI Number 59-0637839	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

KEEBLE, RICHARD
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	HARTLINE, DOROTHY	
STREET ADDRESS	6510 MAYNADA ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVC	<input type="checkbox"/>
NAME	ROJAS, EDUARDO	
STREET ADDRESS	4540 SW 5TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	THOMAS, HELEN	
STREET ADDRESS	4732 SW 67 AVE K-8	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input checked="" type="checkbox"/>
NAME	MADES, JACK	
STREET ADDRESS	105 WEST SUNRISE AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	DS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	KEEBLE, RICHARD		
1.3 STREET ADDRESS	622 SAN ANTONIO AVE		
1.4 CITY-ST-ZIP	CORAL GABLES FL 33146		
2.1 TITLE	CD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ROJAS, EDUARDO		
2.3 STREET ADDRESS	4540 S.W. 5th ST		
2.4 CITY-ST-ZIP	MIAMI FL 33134		
3.1 TITLE	DVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	THOMAS, HELEN		
3.3 STREET ADDRESS	4732 S.W. 67th AVE K-8		
3.4 CITY-ST-ZIP	MIAMI FL 33155		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MADES, MIRIAM		
4.3 STREET ADDRESS	105 W. SUNRISE AVE		
4.4 CITY-ST-ZIP	CORAL GABLES FL 33133		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	RANSOM, CLARA		
5.3 STREET ADDRESS	1901 CORTEZ ST		
5.4 CITY-ST-ZIP	CORAL GABLES FL 33134		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

CP2E037 (9/96)