


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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>P.O. BOX 140504 CORAL GABLES FL 33114-7504</b>	Mailing Address <b>P.O. BOX 140504 CORAL GABLES FL 33114-7504</b>
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3. Date Incorporated or Qualified  
**06/17/1963**

4. FEI Number  
**59-0637839**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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  
 85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEEBLE, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>622 SAN ANTONIO AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROJAS, EDUARDO</b>	2.2 NAME	<b>FOSS, REID</b>
STREET ADDRESS	<b>4540 SW 5TH ST</b>	2.3 STREET ADDRESS	<b>7020 GREENTREE LANE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>
TITLE	<b>DVC</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DVC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, HELEN</b>	3.2 NAME	<b>SANCHEZ-ROIG, REBECA</b>
STREET ADDRESS	<b>4732 SW 67 AVE K-8</b>	3.3 STREET ADDRESS	<b>1829 SW 12th STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI FL 33135</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADES, MIRIAM</b>	4.2 NAME	
STREET ADDRESS	<b>105 WEST SUNRISE AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RANSOM, CLARA</b>	5.2 NAME	<b>STEEB, TONI</b>
STREET ADDRESS	<b>1901 CORTEZ ST.</b>	5.3 STREET ADDRESS	<b>1117 ALFONSO AVENUE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>FOSS, REID</b>
2.3 STREET ADDRESS	<b>7020 GREENTREE LANE</b>
2.4 CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SANCHEZ-ROIG, REBECA</b>
3.3 STREET ADDRESS	<b>1829 SW 12th STREET</b>
3.4 CITY-ST-ZIP	<b>MIAMI FL 33135</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>STEEB, TONI</b>
5.3 STREET ADDRESS	<b>1117 ALFONSO AVENUE</b>
5.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
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, unchanged, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **RICHARD KEEBLE 11APR98 (305) 448-9613**

CF2E037 (10/97)