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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:21

DOCUMENT # 706326 (6)

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, EUSTIS, FLORIDA

Principal Place of Business	Mailing Address
108 MAGNOLIA AVE EUSTIS FL 32726	108 MAGNOLIA AVE EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1963
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-6032872 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEDSOLE, BETTY J 175 SHERWOOD DRIVE TAVARES FL 32778	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	VOLKERT, DONALD T	1.2 NAME	Connie Brown	
STREET ADDRESS	397 KRISTI DRIVE	1.3 STREET ADDRESS	2 Forest Lane	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Eustis, Fl.	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GEDDES, ELEISE	2.2 NAME	Charlotte Jackson	
STREET ADDRESS	6A EL RED DRIVE	2.3 STREET ADDRESS	3 Cove Lane	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	Eustis, Fl., 32726	
TITLE	C	3.1 TITLE		☐ Change ☐ Addition
NAME	WADE, NELLE	3.2 NAME		
STREET ADDRESS	2681 E. WASHINGTON, #3	3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP		
TITLE	VC	4.1 TITLE		☐ Change ☐ Addition
NAME	BEDSOLE, BETTY	4.2 NAME		
STREET ADDRESS	175 SHERWOOD DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SKIPWITH, ELAINE	5.2 NAME		
STREET ADDRESS	4033 LAKE FOREST	5.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DE CZEGE, ALBERT WASS	6.2 NAME	Bert Yarbrough	
STREET ADDRESS	8 COVE LANE	6.3 STREET ADDRESS	1698 Irma Rd.	
CITY-ST-ZIP	EUSTIS FL	6.4 CITY-ST-ZIP	Eustis, Fl., 32727	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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.

SIGNATURE: Nelle Wade Nelle Wade 2/6/95 904-589-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Area Code) Daytime Phone #

0003113