# 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 # **706326** **(6)**

1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST, EUSTIS, FLORIDA**

| Principal Place of Business | Mailing Address |
|---|---|
| 108 MAGNOLIA AVE<br>EUSTIS FL 32726 | 108 MAGNOLIA AVE<br>EUSTIS FL 32726 |

3. Date Incorporated or Qualified: **07/17/1963**
3a. Date of Last Report: **02/15/1995**

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:

4. FEI Number: **59-6032872** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**BEDSOLE, BETTY J**
**175 SHERWOOD DRIVE**
**TAVARES FL 32778**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | VC | ☒ Change ☐ Addition |
| NAME | BROWN, CONNIE | | 1.2 NAME | | |
| STREET ADDRESS | 2 FOREST LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EUSTIS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | GEDDES, ELEISE | | 2.2 NAME | LISA COLLIGAN | |
| STREET ADDRESS | 6A EL RED DRIVE | | 2.3 STREET ADDRESS | 601 N.MCDONALD ST. | |
| CITY-ST-ZIP | TAVARES FL | | 2.4 CITY-ST-ZIP | MOUNT DORA, FL., 32757 | |
| TITLE | C | ☐ DELETE | 3.1 TITLE | D | ☒ 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 | ☒ DELETE | 4.1 TITLE | C | ☐ Change ☒ Addition |
| NAME | BEDSOLE, BETTY | | 4.2 NAME | JOYCE WUTKE | |
| STREET ADDRESS | 175 SHERWOOD DRIVE | | 4.3 STREET ADDRESS | 5 ROYAL DR. | |
| CITY-ST-ZIP | TAVARES FL | | 4.4 CITY-ST-ZIP | EUSTIS, FL., 32726 | |
| TITLE | D | ☐ DELETE | 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 | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | YARBROUGH, BERT | | 6.2 NAME | | |
| STREET ADDRESS | 1698 IRMA ROAD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EUSTIS FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

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:** Nelle Wade Nelle Wade 3/4/96 904-589-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #