

FILE NOW: FILING FEE IS \$61.25

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May 07 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 # **706326** (6)
1. Corporation Name
**FIRST CHURCH OF CHRIST, SCIENTIST, EUSTIS, FLORI
DA**

Principal Place of Business 108 MAGNOLIA AVE EUSTIS FL 32726	Mailing Address 108 MAGNOLIA AVE EUSTIS FL 32726-3418
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1963		3a. Date of Last Report 03/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-6032872		Applied For ☐ Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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 Virginia S. Butt			
				82 Street Address (P.O. Box Number is Not Acceptable) 26515 SR 19			
				83			
				84 City Howey-in-the-Hills, FL			
				85 Zip Code 34737			

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 *Virginia S. Butt* **Virginia S. Butt, Treasurer** **4-25-97**
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	VC	☐ DELETE		1.1 TITLE	D	☐ Change ☒ Addition	
NAME	BROWN, CONNIE			1.2 NAME	Sally Maker		
STREET ADDRESS	2 FOREST LANE			1.3 STREET ADDRESS	2150 Arbor Way,		
CITY-ST-ZIP	EUSTIS FL			1.4 CITY-ST-ZIP	Mt. Dora, Fl., 32757		
TITLE	D	☒ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	COLLIGAN, LISA			2.2 NAME			
STREET ADDRESS	601 N. McDONALD STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MOUNT DORA FL			2.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		3.1 TITLE	D	☐ Change ☒ Addition	
NAME	WADE, NELLE			3.2 NAME	Elizabeth Coleman		
STREET ADDRESS	2881 E. WASHINGTON, #3			3.3 STREET ADDRESS	41420 Sunshine Ave.		
CITY-ST-ZIP	EUSTIS FL			3.4 CITY-ST-ZIP	Umatilla, Fl., 32784		
TITLE	C	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	WUTKE, JOYCE			4.2 NAME			
STREET ADDRESS	5 ROYAL DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL			4.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		5.1 TITLE	D	☐ Change ☒ Addition	
NAME	SKIPWITH, ELAINE			5.2 NAME	Thressa Ekkens		
STREET ADDRESS	4033 LAKE FOREST			5.3 STREET ADDRESS	MFL 105 Woodland Dr.,		
CITY-ST-ZIP	MOUNT DORA FL			5.4 CITY-ST-ZIP	Leesburg, Fl., 34788		
TITLE	D	☒ DELETE		6.1 TITLE	D	☐ Change ☒ Addition	
NAME	YARBROUGH, BERT			6.2 NAME	Mark Hasselbring		
STREET ADDRESS	1698 IRMA ROAD			6.3 STREET ADDRESS	404 S. Center St.,		
CITY-ST-ZIP	EUSTIS FL			6.4 CITY-ST-ZIP	Eustis, Fl., 32726		

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.

SIGNATURE: *Thressa Ekkens* **THRESSA EKKENS** **2/25/97 352-357-9943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013634

CR2E037 (9/96)