FILE NOW: FILING FEE IS $61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90052 027 ****61.25

001634

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706326**

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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 07/17/1963

4. FEI Number: 59-6032872 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BUTT, VIRGINIA S
26515 SR 19
HOWEY-IN-TH-HILLS FL 34737

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAKER, SALLY		1.2 NAME		
STREET ADDRESS	2150 ARBOR WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL		1.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	2.1 TITLE	VICE-CHAIRMAN	☐ Change ☒ Addition
NAME	~~COLLIGAN, LISA~~		2.2 NAME	COUGHTRY, DAVID	
STREET ADDRESS	~~601 N. MCDONALD STREET~~		2.3 STREET ADDRESS	1843 OVERLOOK DR.	
CITY-ST-ZIP	~~MOUNT DORA FL~~		2.4 CITY-ST-ZIP	MOUNT DORA, FL.	
TITLE	~~D~~	☐ DELETE	3.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	COLEMAN, ELIZABETH		3.2 NAME	COLEMAN, ELIZABETH	
STREET ADDRESS	41420 SUNSHINE AVE		3.3 STREET ADDRESS	41420 SUNSHINE AVE.	
CITY-ST-ZIP	UMATILLA FL		3.4 CITY-ST-ZIP	UMATILLA, FL.	
TITLE	~~VC~~	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	~~WUTKE, JOYCE~~		4.2 NAME	EVANS, WAYNE	
STREET ADDRESS	~~5 ROYAL DRIVE~~		4.3 STREET ADDRESS	2438 WASHINGTON RD.	
CITY-ST-ZIP	~~EUSTIS FL~~		4.4 CITY-ST-ZIP	MOUNT DORA, FL.	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EKKENS, THRESSA		5.2 NAME		
STREET ADDRESS	MFL 105 WOODLAND DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		5.4 CITY-ST-ZIP		
TITLE	~~C~~	☐ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	HASSELBRING, MARK		6.2 NAME	HASSELBRING, MARK	
STREET ADDRESS	404 S. CENTER ST.		6.3 STREET ADDRESS	404 S. CENTER ST.	
CITY-ST-ZIP	EUSTIS FL		6.4 CITY-ST-ZIP	EUSTIS, FL.	

CR2E037 (11/98)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia S. Butt SIGNATURE REQUIRED VIRGINIA S. BUTT 3/22/98 352-357-9943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #