

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:22

DOCUMENT # 706386 (0)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, INC., BROOKSVILLE, FLORIDA

Principal Place of Business

Mailing Address

210 BELL AVE.
BROOKSVILLE FL 34601

210 BELL AVE.
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1963	3a. Date of Last Report 03/09/1994
4. FEI Number 59-6133751	Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

DUNCAN, CHARLES T
OLD CRYSTAL RIVER ROAD
BROOKSVILLE FL 34605

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DV
NAME	BOWERS, PATRICIA
STREET ADDRESS	900 N. BROAD ST. #3133
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	DS
NAME	WOODBURY, MARY E.
STREET ADDRESS	900 N. BROAD ST.
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	CD
NAME	BOYER, SHIRLEY
STREET ADDRESS	23032 GRUBBS
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	DC
NAME	NAEGEL, MARILYN N.
STREET ADDRESS	8021 MORIAH AVENUE
CITY-ST-ZIP	BROOKSVILLE FL 34613
TITLE	
NAME	WEBER PHYLLIS E.
STREET ADDRESS	13277 DELBARTON ST.
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	
NAME	ROBERT BOB
STREET ADDRESS	6464 FAIRLAWN
CITY-ST-ZIP	SPRING HILL FL 34606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARILYN NAEGEL
4.3 STREET ADDRESS	8021 MORIAH AVENUE
4.4 CITY-ST-ZIP	BROOKSVILLE 34613
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PHYLLIS E WEBER
5.3 STREET ADDRESS	13277 DELBARTON ST. HILL
5.4 CITY-ST-ZIP	34609
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TREASURER
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(b), 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 (changed), or on an attachment with an address.

SIGNATURE: Phyllis E Weber 1/27/95 596-211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHYLLIS E WEBER Treasurer