

# 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 # 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**

3. Date Incorporated or Qualified  
**11/07/1963**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 64**

22 City & State

27 Suite, Apt. #, etc.  
28 **Brooksville, FL**

23 Zip Country

29 **34605** 30 Country

4. FEI Number  
**59-6133751**

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

**DUNCAN, CHARLES T  
OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34605**

10. Name and Address of New Registered Agent

81 Name **Dysart, James H.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1277 Sabra Drive**  
83  
84 City **Brooksville** FL 85 Zip Code **34601**

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

*James H. Dysart*

*James H. Dysart*

**2/3/96**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	DV	BOWERS, PATRICIA	900 N. BROAD ST. #3133 BROOKSVILLE FL 34601	
	DS	WOODBURY, MARY E.	900 N. BROAD ST. BROOKSVILLE FL 34601	<input type="checkbox"/> DELETE
	CD	BOYER, SHIRLEY	23032 GRUBBS BROOKSVILLE FL 34601	<input checked="" type="checkbox"/> DELETE
	DC	HAEGELI, MARILYN	8021 MORIAH AVENUE BROOKSVILLE FL	<input type="checkbox"/> DELETE
	TR	WEBER, PHYLLIS E	13277 DELBARTON ST. SPRING HILL FL	<input type="checkbox"/> DELETE
	D	BUB, ROBERT	6464 FAIR LAWN SPRING HILL FL	<input checked="" type="checkbox"/> DELETE

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Dysart, Mary</b>
3.3 STREET ADDRESS	<b>1277 Sabra Drive</b>
3.4 CITY - ST - ZIP	<b>Brooksville, FL 34601</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Duncan, Eleanor</b>
6.3 STREET ADDRESS	<b>Old Crystal River Road</b>
6.4 CITY - ST - ZIP	<b>Brooksville FL 34601</b>

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:

*Mary H. Dysart*

*Mary H. Dysart*

**2/4/96**

**904/697-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)