

# 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: 210 BELL AVE. BROOKSVILLE FL 34601  
Mailing Address: 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: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 P.O. Box 64 27 Suite, Apt. #, etc. 27 City & State: 28 Brooksville, FL 29 Zip: 30 34605 Country: 30  
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: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 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 2/13/96  
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: DV BOWERS, PATRICIA [ ] DELETE  
NAME: BOWERS, PATRICIA  
STREET ADDRESS: 900 N. BROAD ST. #3133  
CITY-ST-ZIP: BROOKSVILLE FL 34601  
TITLE: DS WOODBURY, MARY E. [ ] DELETE  
NAME: WOODBURY, MARY E.  
STREET ADDRESS: 900 N. BROAD ST.  
CITY-ST-ZIP: BROOKSVILLE FL 34601  
TITLE: CD BOYER, SHIRLEY [x] DELETE  
NAME: BOYER, SHIRLEY  
STREET ADDRESS: 23032 GRUBBS  
CITY-ST-ZIP: BROOKSVILLE FL 34601  
TITLE: DC HAEGELI, MARILYN [ ] DELETE  
NAME: HAEGELI, MARILYN  
STREET ADDRESS: 8021 MORIAH AVENUE  
CITY-ST-ZIP: BROOKSVILLE FL  
TITLE: TR WEBER, PHYLLIS E. [ ] DELETE  
NAME: WEBER, PHYLLIS E.  
STREET ADDRESS: 13277 DELBARTON ST.  
CITY-ST-ZIP: SPRING HILL FL  
TITLE: D BUB, ROBERT [x] DELETE  
NAME: BUB, ROBERT  
STREET ADDRESS: 6464 FAIR LAWN  
CITY-ST-ZIP: SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:  
3.1 TITLE: [x] Change [ ] Addition  
3.2 NAME: D Dysart, Mary  
3.3 STREET ADDRESS: 1277 Sabra Drive  
3.4 CITY-ST-ZIP: Brooksville, FL 34601  
4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE: [x] Change [ ] Addition  
6.2 NAME: D Duncan, Eleanor  
6.3 STREET ADDRESS: Old Crystal River Road  
6.4 CITY-ST-ZIP: Brooksville FL 34601

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 2/14/96 904/697-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)