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Feb 06 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 # 706386 (0)
1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, INC., BROOKSVILLE, FLORIDA



Principal Place of Business 210 BELL AVE. BROOKSVILLE FL 34801	Mailing Address P.O. BOX 64 BROOKSVILLE FL 34805-0064 US
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3. Date Incorporated or Qualified 11/07/1963	3a. Date of Last Report 02/09/1996
4. FEI Number 59-6133751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent DYSART, JAMES H. 1277 SABRA DRIVE BROOKSVILLE FL 34801	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE DV <input type="checkbox"/> DELETE	NAME BOWERS, PATRICIA
STREET ADDRESS 900 N. BROAD ST. #3133	CITY-ST-ZIP BROOKSVILLE FL 34801
TITLE DS <input type="checkbox"/> DELETE	NAME WOODBURY, MARY E.
STREET ADDRESS 900 N. BROAD ST.	CITY-ST-ZIP BROOKSVILLE FL 34801
TITLE D <input type="checkbox"/> DELETE	NAME DYSART, MARY
STREET ADDRESS 1277 SABRA DRIVE	CITY-ST-ZIP BROOKSVILLE FL
TITLE DC <input checked="" type="checkbox"/> DELETE	NAME HAEGELI, MARILYN
STREET ADDRESS 8021 MORIAH AVENUE	CITY-ST-ZIP BROOKSVILLE FL
TITLE TR <input checked="" type="checkbox"/> DELETE	NAME WEBER, PHYLLIS E
STREET ADDRESS 13277 DELBARTON ST.	CITY-ST-ZIP SPRING HILL FL
TITLE D <input type="checkbox"/> DELETE	NAME DUNCAN, ELEANOR
STREET ADDRESS OLD CRYSTAL RIVER ROAD	CITY-ST-ZIP BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME KATHERINE A. Leech
1.3 STREET ADDRESS 23251 Allman Rd	1.4 CITY-ST-ZIP Brooksville, FL 34601
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 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 type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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: *Katherine A Leech* **KATHERINE A LEECH** 1/30/97 (352) 796-4659

CR2E037 (9/96)