FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 706386

FIRST CHURCH OF CHRIST, SCIENTIST, INC., BROOKSV ILLE, FLORIDA

Principal	Place	of Bu	siness

210 BELL AVE. BROOKSVILLE FL 34601

Mailing Address

P.O. BOX 64 BROOKSVILLE FL 34605

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90123 046 ****61.25

Onconcrete		US				AN BABAH BABAH BABAH BI	EN 4141 1001
2 Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21	lace of Basiliess	26			11/07/1963		'
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Ar	plied For
22		27			59-6133751	No	t Applicable
City & Stat	re	City & State	_		1 0 W 1 10 1 D 1 1 D	\$8.75	Additional
23		28			5. Certifcate of Status Desired	Fee Re	equired
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	Mav Be
24	25	29	30		Trust Fund Contribution	Added t	
==1	9. Name and Address of Curren			-	10. Name and Address of New Register	red Agent	
			81	Name			
DVCADT	IAMES LI		82	CAnnak	Address (D.O. Bay Nymbou is Not Assertable)		
· · · · · · · · · · · · · · · · · · ·	JAMES H.		82	Street	Address (P.O. Box Number is Not Acceptable)		
	RA DRIVE		83	1			
BHOOK2/	/ILLE FL 34601						
	•		84	City	F	=1_ 85 Zip (Code
11. Pursuant	to the provisions of Sections 617.0503	2 and 617.1508, Florida Statutes	s, the abov	e-named	corporation submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corp	oration's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE					required when reinstating) DATE		
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	13.	nt signature i	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE		□ DELETE	1.1 TITLE		, COMMONO PARTICIPATION OF THE	[Change	Addition
	DV DATENOLA	_ 020010	1.2 NAME				
NAME	BOWERS, PATRICIA		R .				
STREET ADDRESS				T ADDRESS			
CITY-\$T-ZIP	BROOKSVILLE FL 34601		1.4 CITY-5	T-ZIP		Change	☐ Addition
TITLE	DS	☐ DELETE	2.1 TITLE			□ cuange	
NAME	WOODBURY, MARY E.		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS		-	
CITY-ST-ZIP	BROOKSVILLE FL 34601		2. 4 CITY-1	ST-Z\P			The state of
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	DYSART, MARY		3.2 NAME		• •		
STREET ADDRESS	1277 SABRA DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		3.4. CITY-	ST-ZIP			
TITLE	T	DELETE	4.1 TITLE		Т		Addition
NAME	LEECH, KATHERINE A		4. 2 NAME		LEECH, KATHERINE A		
STREET ADDRESS	23251 ALLMAN RD		4.3 STREE	T ADDRESS	1200 W. Jefferson ST #25		
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-5	T-ZIP	Brooksville, FL 34601		
TITLE	D	☑ DELETE	5.1 TITLE	_	D	Change	Addition
NAME	DUNCAN, ELEANOR		5.2 NAME		MARILYN N. Naegeli 8021 Moriah Ave		
STREET ADDRESS	OLD CRYSTAL RIVER ROAD		53 STREE	T ADDRESS	8021 Moriah Ave		•
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-9	T-ZIP	Brooksville, FL 34613		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition .
NAME	-		6.2 NAME				i
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-7IP			6.4 CITY-S	T-ZIP			

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