

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 APR 27 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 706773 (9)**  
1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, INC. BOYNTON  
BEACH, FLORIDA**

Principal Place of Business      Mailing Address  
**2121 S. SEACREST BLVD.  
BOYNTON BEACH FL 33435**      **2121 S. SEACREST BLVD.  
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suits, Apt. #, etc.      Suits, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/30/1964**      **04/25/1994**  
4. FEI Number      Applied For  
**59-1407279**      Not Applicable  
5. Certificate of Status Desired            **\$0.75 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  
**BACHMAN, ESTHER M**      81 Name  
**1815 S.W. CONGRESS BLVD.**      82 Street Address (P.O. Box Number is Not Acceptable)  
**BOYNTON BCH FL 33426**      83  
84 City      85 Zip Code  
**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      **Agent unchanged**      **April 20, 1995**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELHEIMER, SYLVIA (deceased)</b>	1.2 NAME	<b>Esther Bachman, Chairman</b>
STREET ADDRESS	<b>11399 MEADOWLARK CIR</b>	1.3 STREET ADDRESS	<b>1815 S.W. Congress Blvd</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY - ST - ZIP	<b>Boynton Beach, Fla 33426</b>
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHERT, ARDIS M</b>	2.2 NAME	
STREET ADDRESS	<b>8242 MOORING CIR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>CD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUSARD, DOROTHY term expired</b>	3.2 NAME	<b>Rhona Vivian D</b>
STREET ADDRESS	<b>10143 44TH DR S</b>	3.3 STREET ADDRESS	<b>2033A. S. Seacrest Blvd</b>
CITY - ST - ZIP	<b>BOYNTON BCH. FL</b>	3.4 CITY - ST - ZIP	<b>Boynton Beach Fla 33435</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAMMERAAD, RUTH term expired</b>	4.2 NAME	<b>Gloria J. Baumann D</b>
STREET ADDRESS	<b>LAKESIDE PT GARDENS, 2102 LK OSBORNE DR.</b>	4.3 STREET ADDRESS	<b>4931-A Dovewood Road</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	4.4 CITY - ST - ZIP	<b>Boynton Beach, Fla 33436</b>
TITLE	<b>Asst. Chairman</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHASEK, AUDREY</b>	5.2 NAME	
STREET ADDRESS	<b>10105 40TH TERR.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: **Esther Bachman** Chairman      **April 20, 1995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR      Date      (Type in Figure #)