

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **01/30/1964**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-1407279**
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

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

9. Name and Address of Current Registered Agent
**BACHMAN, ESTHER M
1815 S.W. CONGRESS BLVD.
BOYNTON BCH FL 33426**

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: **Agent Unchanged** April 22, 1996
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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, ESTHER	1.2 NAME	
STREET ADDRESS	1815 SW CONGRESS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHERT, ARDIS M	2.2 NAME	
STREET ADDRESS	8242 MOORING CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Name correction: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHONA, VIVIAN	3.2 NAME	Vivian, Rhona
STREET ADDRESS	2033A. S. SEACREST BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMANN, GLORIA J.	4.2 NAME	
STREET ADDRESS	4931-A DOVEWOOD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	AC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Asst. Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHASEK, AUDREY	5.2 NAME	SAUER, INGRID
STREET ADDRESS	10105 40TH TERR.	5.3 STREET ADDRESS	200 Main Boulevard - #1C
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	Boynton Bch, FL 33435
TITLE	<input type="checkbox"/> DELETE	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 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: *Esther Bachman* Chairman 4/22/96 (407)736-0801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)