


FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706773 (9)**

1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, INC. BOYNTON BEACH, FLORIDA**

Principal Place of Business <b>2121 S. SEACREST BLVD. BOYNTON BEACH FL 33435</b>	Mailing Address <b>2121 S. SEACREST BLVD. BOYNTON BEACH FL 33435-6786</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/30/1964</b>	3a. Date of Last Report <b>04/30/1996</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>59-1407279</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BACHMAN, ESTHER M 1815 S.W. CONGRESS BLVD. BOYNTON BCH FL 33426</b>		10. Name and Address of New Registered Agent	
81. Name	<b>Edward M. Cook</b>		
82. Street Address (P.O. Box Number is Not Acceptable)	<b>1215 S.W. 22nd Avenue</b>		
83.			
84. City	<b>Boynton Beach</b>	85. Zip Code	<b>FL 33426-6618</b>

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: *Edward M. Cook* **Edward M. Cook, Chairman** **April 21, 1997**  
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>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>only</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACHMAN, ESTHER</b>	1.2 NAME	<b>T/D</b>
STREET ADDRESS	<b>1815 SW CONGRESS BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Asst. Ch./Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHERT, ARDIS M</b>	2.2 NAME	<b>FOX, BOAN</b>
STREET ADDRESS	<b>8242 MOORING CIR (term exp.)</b>	2.3 STREET ADDRESS	<b>921 Gardenia Drive, #271</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483-4822</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIVIAN, RHONA</b>	3.2 NAME	
STREET ADDRESS	<b>2033A. S. SEACREST BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>only</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUMANN, GLORIA J.</b>	4.2 NAME	
STREET ADDRESS	<b>4931-A DOVEWOOD ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AC</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Chairman/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAUER, INGRID</b>	5.2 NAME	<b>COOK, EDWARD M.</b>
STREET ADDRESS	<b>200 MAIN BLVD #1C (resigned)</b>	5.3 STREET ADDRESS	<b>1215 S.W. 22nd Avenue</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	5.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33426-6618</b>
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 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: *Edward M. Cook* **Edward M. Cook** **Chairman** **4/21/97** **(561) 734-3504**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042268

CR2E037 (9/96)