


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified <b>01/30/1964</b>	
4. FEI Number <b>59-1407279</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>n/a</b>

9. Name and Address of Current Registered Agent

**COOK, EDWARD  
1215 SW 22ND AVE  
BOYNTON BEACH 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	85 Zip Code <b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>BACHMAN, ESTHER</b>
STREET ADDRESS	<b>1815 SW CONGRESS BLVD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>ACD</b> <input type="checkbox"/> DELETE
NAME	<b>FOX, JOAN</b>
STREET ADDRESS	<b>921 GARDENIA DRIVE #271</b>
CITY-ST-ZIP	<b>DEL RAY BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VIVAN, RHONA</b>
STREET ADDRESS	<b>2033A. S. SEACREST BLVD (term exp.)</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>BAUMANN, GLORIA J.</b>
STREET ADDRESS	<b>4931-A DOVEWOOD ROAD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>COOK, EDWARD M</b>
STREET ADDRESS	<b>1215 SW 22ND AVE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>only T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Shasek, Audrey</b>
3.3 STREET ADDRESS	<b>10105 40th Terrace</b>
3.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>
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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Wolf, Lorna E.</b>
6.3 STREET ADDRESS	<b>48006 Jaruco Bay</b>
6.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>

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.

SIGNATURE: *Edward M. Cook* Chairman 4/21/98 (561) 734-3504

CR2E037 (10/97)