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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706773

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/30/1964

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

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 FOX, Mrs. JOAN E.
82 Street Address (P.O. Box Number is Not Acceptable) 921 Gardenia Drive, Apt. 271
83
84 City Delray Beach FL 85 Zip Code 33483

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

Joan E. Fox JOAN E. FOX Chairman/Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	BACHMAN, ESTHER	
STREET ADDRESS	1815 SW CONGRESS BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	ACD	<input type="checkbox"/> DELETE
NAME	FOX, JOAN	
STREET ADDRESS	921 GARDENIA DRIVE #271	
CITY-ST-ZIP	DEL RAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHASEK, AUDREY	
STREET ADDRESS	10105 40TH TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAUMANN, GLORIA J.	
STREET ADDRESS	4931-A DOVEWOOD ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, EDWARD M	
STREET ADDRESS	1215 SW 22ND AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLF, LORNA E	
STREET ADDRESS	48006 JARUCO BAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ACD/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PITTERS, ROBERT M.	
5.3 STREET ADDRESS	2303 Chadwick Court	
5.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WOLF, Mrs. LORNA E.	(Add. only)
6.3 STREET ADDRESS	4675 Franwood Drive	
6.4 CITY-ST-ZIP	Delray Beach, FL 33445	

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: X

SIGNATURE REQUIRED *Joan E. Fox*

561-278-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)