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05-01-1999 90087 024 \*\*\*\*61.25

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

OK

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

Signature, typed or printed name of registered agent and title if applicable. Signature of Registered Agent (Signature required when reinstating) DATE

JOAN E. FOX Chairman/Director

12. OFFICERS AND DIRECTORS

1.1 TITLE T 1.2 NAME BACHMAN, ESTHER 1.3 STREET ADDRESS 1815 SW CONGRESS BLVD 1.4 CITY-ST-ZIP BOYNTON BEACH FL 1.5 DELETE 2.1 TITLE ACD 2.2 NAME FOX, JOAN 2.3 STREET ADDRESS 921 GARDENIA DRIVE #271 2.4 CITY-ST-ZIP DEL RAY BEACH FL 2.5 DELETE 3.1 TITLE D 3.2 NAME SHASEK, AUDREY 3.3 STREET ADDRESS 10105 40TH TERRACE 3.4 CITY-ST-ZIP BOYNTON BEACH FL 33436 3.5 DELETE 4.1 TITLE SD 4.2 NAME BAUMANN, GLORIA J. 4.3 STREET ADDRESS 4931-A DOVEWOOD ROAD 4.4 CITY-ST-ZIP BOYNTON BEACH FL 4.5 DELETE 5.1 TITLE CD 5.2 NAME COOK, EDWARD M 5.3 STREET ADDRESS 1215 SW 22ND AVE 5.4 CITY-ST-ZIP BOYNTON BEACH FL 5.5 DELETE 6.1 TITLE D 6.2 NAME WOLF, LORNA E 6.3 STREET ADDRESS 48006 JARUCO BAY 6.4 CITY-ST-ZIP BOYNTON BEACH FL 33436

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ACD/AT 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 Change Addition 2.1 TITLE CD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 Change Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 Change Addition 4.1 TITLE S 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 Change Addition 5.1 TITLE T 5.2 NAME PITTERS, ROBERT M. 5.3 STREET ADDRESS 2303 Chadwick Court 5.4 CITY-ST-ZIP Boynton Beach, FL 33462 5.5 Change Addition 6.1 TITLE D 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 6.5 Change Addition

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

561-278-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)