## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

709057

(4)

FIRST CHURCH OF CHRIST, SCIENTIST, SEBRING, FLOR

IDA, INC.										
Principal Place	of Business	Mailing Address				)	1) BIUNI QIUN	01011 01011 1001		
CHRISTIAN SCIENCE SOCIETY 146 NO FRANKLIN ST SEBRING FL 33870		CHRISTIAN SCIENCE SOCIETY 146 NO FRANKLIN ST SEBRING FL 33870								
		0250 12 000.0				3. Date incorporated or Qualified 05/31/1965		te of Last 02/08/1		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For					
21		26				59-1094835			Not Applicable	
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required		
City & State		City & State			6. Election Campaign Financing			May Be		
23	-	28			Trust Fund Contribution			d to Fees		
Zip	Country	Zip Country			8. This corporation has liability for in	tangible ta				
24	25	29				Florida Statutes			•	
9. Name and Address of Curr		ent Registered Agent				10. Name and Address of New Re	gistered /	Agent		
			8	1	Name					
	TON, JAMES JTH COMMERCE	82 Street Ad			Street Addres	idress (P.O. Box Number is Not Acceptable)				
SEBRING	G FL 33870		B	3						
			8	4 (	Dity			85 Zij	p Code	
					<u>.</u>		<u> </u>			
						tion submits this statement for the purp t of directors. I hereby accept the appoi				
familiar wi	th, and accept the obligations of, Se	ction 617.0503, Florida Statut	es.	· poi	non o board	or directors. Thereby decept are appear	THE CO	10g/0/000	ugoni. i am	
SIGNATURE .		· ····-			·-·					
	Signature, typed or printed name of registered age	ent and title if applicable. ( ND DIRECTORS	NOTE: Registered A	gent sig	gnature required v	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DEDC AND	DIDECTO	)DC 1N1 10	
12. TITLE	CD OFFICERS A	DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	METZGER, RALPH M		1.2 NAM				·			
STREET ADDRESS	9124 MARKLAND LANE		1.3 STREET ADDRESS		DDECC					
	SEBRING FL		<u> </u>							
CITY-ST-ZIP	VD	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	HAASE, LEONA	<del>-</del>		2.2 NAME			•			
STREET ADORESS	4416 DUFFER LOOP		2.3 STF		DDECC					
CITY-ST-ZIP	SEBRING FL			2. 4 City-ST-ZIP						
TITLE	D	DELETE		3.1 TITLE				Change		
NAME	DEWEY, JANET S			3.2 NAME			•			
STREET ADDRESS	154 MANDOLIN DR			3.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE PLACID FL			34. CITY-ST-ZIP						
TITLE	D	DELETE	4 1 TITL					Change	Addition	
NAME	COONLEY, JOHN		4 2 NAM	νIE				•		
STREET ADDRESS	7042 COUNTY RD 17 SO		4.3 STRE	EET AD	DRESS 6	6750 US 27 N., A-1				
C+TY - ST - Z+P	SEBRING FL		4.4 CITY	(-ST-2	ZIP S	ebring, FL 33870-126	52			
TITLE	D	DELETE	51 TITL					Change	☐ Addition	
NAME	METZGER, MERRIE A		5.2 NAM	1E	}					
STREET ADDRESS	9124 MARKLAND LANE			5.3 STREET ADDRESS						
CITY-ST-ZIP	SEBRING FL		5.4 CITY							
TITLE	T			6.1 TITLE				Change	☐ Addition	
NAME	COONLEY, DOROTHY V		6.2 NAM	AE						
STREET ADORESS	7042 COUNTY RD 17 S				ODRESS 6	(750 H 2 27 M 4_1				

City-SI-7/P | SEBKING FL

64 CITy-SI-7/P | Sebring FL 3387 O-1262

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:

F SIGNING OFFICER OR DIRECTOR

1-25-96 941 471-0368