

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709057 (4)

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, SEBRING, FLORIDA, INC.



Principal Place of Business Mailing Address
CHRISTIAN SCIENCE SOCIETY 146 NO FRANKLIN ST SEBRING FL 33870
CHRISTIAN SCIENCE SOCIETY 146 NO FRANKLIN ST SEBRING FL 33870-3121

3. Date Incorporated or Qualified 05/31/1965
3a. Date of Last Report 02/01/1996

2. Principal Place of Business 21
Suite, Apt #, etc. 22

City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number 59-1094835
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LIVINGSTON, JAMES
445 SOUTH COMMERCE
SEBRING FL 33870

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | METZGER, RALPH M | 1.2 NAME | |
| STREET ADDRESS | 9124 MARKLAND LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAASE, LEONA | 2.2 NAME | |
| STREET ADDRESS | 4416 DUFFER LOOP | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEWEY, JANET S | 3.2 NAME | |
| STREET ADDRESS | 154 MANDOLIN DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PLACID FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COONLEY, JOHN | 4.2 NAME | |
| STREET ADDRESS | 6750 US 27 NORTH, A-1 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | METZGER, MERRIE A | 5.2 NAME | |
| STREET ADDRESS | 9124 MARKLAND LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COONLEY, DOROTHY V | 6.2 NAME | |
| STREET ADDRESS | 6750 US 27 NORTH, A-1 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 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: Dorothy V. Coonley Dorothy V. Coonley 1-9-97 941-471-0368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054230

CF2E037 (9/96)