

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90076 032 ****61.25

0059338

DOCUMENT # 709057

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, SEBRING, FLORIDA, INC.

Principal Place of Business

CHRISTIAN SCIENCE SOCIETY
146 NO FRANKLIN ST
SEBRING FL 33870

Mailing Address

308 CIRCLE ST N
146 NO FRANKLIN ST
SEBRING FL 33870
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/31/1965

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

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

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 CD ☒ DELETE
NAME METZGER, RALPH M
STREET ADDRESS 9124 MARKLAND LANE
CITY-ST-ZIP SEBRING FL

TITLE VD ☐ DELETE
NAME HEDENBERG, MARJORIE E
STREET ADDRESS 4301 LAKE VISTA DR
CITY-ST-ZIP SEBRING FL 33872

TITLE D ☐ DELETE
NAME KOEPPPEL, SHIRLEY E
STREET ADDRESS 517 RYAN RD
CITY-ST-ZIP SEBRING FL 33870

TITLE D ☐ DELETE
NAME MOSES, FLORENCE
STREET ADDRESS 928 LAKE DAMON DR
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☒ DELETE
NAME METZGER, MERRIE A
STREET ADDRESS 9124 MARKLAND LANE
CITY-ST-ZIP SEBRING FL

TITLE T ☐ DELETE
NAME COONLEY, DOROTHY V
STREET ADDRESS 6750 US 27 NORTH, A-1
CITY-ST-ZIP SEBRING FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C D ☒ Change ☐ Addition
1.2 NAME VIRGINIA WELCH
1.3 STREET ADDRESS 11 RICHARDS DRIVE
1.4 CITY-ST-ZIP LAKE PLACID FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME FLORENCE MOSES
2.3 STREET ADDRESS 928 LAKE DAMON DRIVE
2.4 CITY-ST-ZIP AVON PARK FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME MARJORIE E HEDENBERG
5.3 STREET ADDRESS 4301 LAKE VISTA DR
5.4 CITY-ST-ZIP SEBRING FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dorothy V. Coonley Date 3/1/99 Daytime Phone # 941 471-0368

CR2E037 (11/98)