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95 MAR 23 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT *
1995



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

DOCUMENT # 709095 (4)

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, LAUDERDALE BY THE SEA, FLORIDA, INC.

Principal Place of Business Mailing Address
251 COMMERCIAL BLVD LAUDERDALE-BY-THE-SEA FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/07/1965** 3a. Date of Last Report **02/11/1994**
4. FEI Number **59-2439260** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELLO, ROBERT
2051 NW 46 AVE #102
LAUDERHILL FL 33313

81 Name **LYN SHUPE**
82 Street Address (P.O. Box Number is Not Acceptable)
Lyn Shupe
254 OCEANIC AVENUE
83
84 City **LAUDERDALE BY THE SEA FL** 85 Zip Code **33308**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Lyn Shupe*
Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	MELLO, ROBERT
STREET ADDRESS	2051 NW 46 AVE. #102
CITY - ST - ZIP	LAUDERDALE FL 33313
TITLE	VCD
NAME	FINKAYSON, CASIMIRA
STREET ADDRESS	101 ROYAL PARK DR. #3
CITY - ST - ZIP	FT. LAUDERDALE FL 33309
TITLE	T
NAME	O'NEAL, MAUREEN
STREET ADDRESS	231 ARDEN CT. #2
CITY - ST - ZIP	LAUDERDALE BY THE SEA FL 33308
TITLE	D
NAME	HIRSCHFELD, MONA
STREET ADDRESS	3550 COCO PLUM CIR.
CITY - ST - ZIP	COCONUT CREEK FL 33063
TITLE	D
NAME	WIRTH, CATHY
STREET ADDRESS	287 ALGIRES AVE.
CITY - ST - ZIP	LAUDERDALE BY THE SEA FL 33308
TITLE	D
NAME	BOOTH, HOPE
STREET ADDRESS	020 INTRACOASTAL DR APT 20
CITY - ST - ZIP	FT LAUDERDALE FL 33304

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYN SHUPE
1.3 STREET ADDRESS	254 OCEANIC AVENUE
1.4 CITY - ST - ZIP	LAUDERDALE BY THE SEA FL 33308
2.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEBOTHY BIREB
2.3 STREET ADDRESS	5308 N.W. 49 WAY
2.4 CITY - ST - ZIP	TAMARAC FL 33319
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GINGER M DONNELLY
5.3 STREET ADDRESS	1400 N.E. 56 ST.
5.4 CITY - ST - ZIP	FORT LAUDERDALE FL 33334
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CASIMIRA FINLAYSON
6.3 STREET ADDRESS	#19 ROYAL PARK DRIVE
6.4 CITY - ST - ZIP	FT. LAUD FL 33309

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 110.07(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: *Maureen L. O'Neal* **MAUREEN O'NEAL** **TREASURER** **2/18/95** **305 491 2548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State