


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 709095 (4)**  
 1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, LAUDERDALE BY THE SEA, FLORIDA, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>251 COMMERCIAL BLVD<br/>LAUDERDALE-BY-THE-SEA FL 33308</b> | Mailing Address<br><b>251 COMMERCIAL BLVD<br/>LAUDERDALE-BY-THE-SEA FL 33308</b> |
|--|--|

3. Date Incorporated or Qualified  
**06/07/1965**

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>59-2439260</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

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

5. Certificate of Status Desired  **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**RYAN, BARBARA**  
**3300 NE 36 ST**  
**#1002**  
**FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> 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

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>D</b>                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>GOLDEN, HELEN</b>               |  |
| STREET ADDRESS | <b>1371 S OCEAN BLVD</b>           |  |
| CITY-ST-ZIP    | <b>POMPANO BCH FL</b>              |  |
| TITLE          | <b>VCD</b>                         | <input type="checkbox"/> DELETE            |
| NAME           | <b>RYAN, BARBARA</b>               |  |
| STREET ADDRESS | <b>3300 NE 36 STREET #1002</b>     |  |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL</b>          |  |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>MACHADO, VALARIE</b>            |  |
| STREET ADDRESS | <b>6181 NW 57 ST, #205</b>         |  |
| CITY-ST-ZIP    | <b>TAMARAC FL</b>                  |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>BIRES, DOROTHY</b>              |  |
| STREET ADDRESS | <b>5308 NW 49 WAY</b>              |  |
| CITY-ST-ZIP    | <b>TAMARAC FL</b>                  |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>WIRTH, CATHY</b>                |  |
| STREET ADDRESS | <b>267 ALGIERS AVENUE</b>          |  |
| CITY-ST-ZIP    | <b>LAUDERDALE BY THE SEA FL</b>    |  |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>DONNELLY, GINGER</b>            |  |
| STREET ADDRESS | <b>818 HARBOR INN DR., BLDG #6</b> |  |
| CITY-ST-ZIP    | <b>CORAL SPRINGS FL</b>            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |
|--|--|
| 1.1 TITLE <b>D</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME <b>Betty Westerberg</b>               |  |
| 1.3 STREET ADDRESS <b>4914 NE 2 Terrace</b>    |  |
| 1.4 CITY-ST-ZIP <b>Pompano Beach, FL 33064</b> |  |
| 2.1 TITLE                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME                                       |  |
| 2.3 STREET ADDRESS                             |  |
| 2.4 CITY-ST-ZIP                                |  |
| 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                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME                                       |  |
| 5.3 STREET ADDRESS                             |  |
| 5.4 CITY-ST-ZIP                                |  |
| 6.1 TITLE                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **2-14-98 954-796-7247**

CR2E037 (10/97)