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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90053 002 \*\*\*\*61.50

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 709095**

1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST, LAUDERDALE BY THE SEA, FLORIDA, INC.**

Principal Place of Business

251 COMMERCIAL BLVD  
 LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address

251 COMMERCIAL BLVD  
 LAUDERDALE-BY-THE-SEA FL 33308



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/07/1965

4. FEI Number

59-2439260

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

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

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  DELETE

NAME **D WESTERBERG, BETTY**  
 STREET ADDRESS **4914 NE 2 TERRACE,**  
 CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE  DELETE

NAME **VCD RYAN, BARBARA**  
 STREET ADDRESS **3300 NE 36 STREET #1002**  
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE  DELETE

NAME **T MACHADO, VALERIE**  
 STREET ADDRESS **6181 NW 57 ST, #205**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  DELETE

NAME **D BIRES, DOROTHY**  
 STREET ADDRESS **5308 NW 49 WAY**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  DELETE

NAME **D WIRTH, CATHY**  
 STREET ADDRESS **267 ALGIERS AVENUE**  
 CITY-ST-ZIP **LAUDERDALE BY THE SEA FL**

TITLE  DELETE

NAME **S DONNELLY, GINGER**  
 STREET ADDRESS **818 HARBOR INN DR., BLDG #6**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Machado, Valerie**  
**5635 SW 42 Street**  
**Davie, FL 33314**

**S SHUPE, MARILYN**  
**254 Oceanic Avenue**  
**Lauderdale by Sea, FL 33308**

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:

*Marilyn Shupe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN SHUPE  
 MARCH 19, 1999

954-772-2353  
 Date Daytime Phone #

CR2E037 (11/98)