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CORPORATION ANNUAL REPORT 1995

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

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95 FEB 14 PM 2:26

DOCUMENT # 709474 (1)

1. Corporation Name
SECOND CHURCH OF CHRIST, SCIENTIST, HOLLYWOOD, F LORIDA, INC.

Principal Place of Business	Mailing Address
5726 WASHINGTON ST HOLLYWOOD FL 33023	5726 WASHINGTON ST HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1965
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1367786 ☐ 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
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

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

9. Name and Address of Current Registered Agent

LOCHEN, MARJORIE V
6391 SW 34TH STREET
MIRAMAR ISLES, FL
33023

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 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: Marjorie V. Lochen MARJORIE V. LOCHEN TREASURER FEB. 10,1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonstamp) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICK, JUNE A 430 COMMODORE DR. APT 311 PLANTATION FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROPP, SOPHIA 421 S.W. 70TH TERRACE PEMBROKE PINES FL	21 TITLE D / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	RAYMOND KROPP 421 S.W.70th TERRACE PEMBROKE PINES,FL. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARGER, JANENNE 500 S CRESCENT DR APT 1106 HOLLYWOOD FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANNARD, DORIS 8020 SUNRISE LAKES DR #308 SUNRISE FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LECORNU, DALE 8653 SHERATON DR MIRAMAR FL	51 TITLE D / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	SARAH J. MOORE 7770 MERIDIAN ST. MIRAMAR, FL. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Marjorie V. Lochen MARJORIE V. LOCHEN FEB. 10,1995 305 981 0408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030302