## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

709474 **DOCUMENT #** 

(1)

SECOND CHURCH OF CHRIST, SCIENTIST, HOLLYWOOD, F LORIDA, INC.

Mailing Address Principal Place of Business 5726 WASHINGTON ST 5726 WASHINGTON ST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1995 08/19/1965 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1367786 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 B. This corporation has liability for intangible tax under s. 199.032, Country Zφ Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name LOCHEN, MARJORIE V Street Address (P.O. Box Number is Not Acceptable) 82 6391 SW 34TH STREET MIRAMAR ISLES, FL Zip Code 33023 84 85 City 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 817.0503, Florida Statutes. Signature, typed or princip came of registered agrint and the fit applicable Lotten SIGNATURE (NOTE: Registered Agent signature required when reinstaling) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 900001863659° DELETE 1.1 TITLE TITLE 1.2 NAME NICK, JUNE A -06/17/96--01043--015 NAME 430 COMMODORE DR. APT 311 13 STREET ADDRESS STREET ADDRESS \*\*\*81.25 PLANTATION FL 1.4 CITY-ST-ZIP City-St-7IP Addition Thange Felene Siegel/D DELETE 2 1 TITLE TITLE 12950 SW 7th Ct. Apt. 104 2 2 NAME KROPP, RAYMOND NAME 23 STREET ADDRESS Pembroke Pines, F1. 33027 421 SW 70TH TERRACE STREET ADDRESS PEMBROKE PINES FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TITLE TITLE Dale LeConu/D HARGER, JANENNE 3.2 NAME NAME 8653 Sheraton Dr. 500 S CRESCENT DR APT 1106 3.3 STREET ADDRESS STREET ADDRESS 33025 Miramar, Fl. HOLLYWOOD FL 34 CITY-ST-ZIP CITY - ST - ZIP Change DELETE Joyce Doane/D 4.1 TITLE TITLE 8851 N. New River canal Rd. 4 2 NAME STANNARD, DORIS NAME Plantation, Fl. 33324 8020 SUNRISE LAKES DR #308 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP SUNRISE FL CITY - ST - ZIP Letten Change DELETE 5 1 TITLE MARJORIO TITLE 5.2 NAME MOORE, SARAH J NAME 7770 MERIDIAN ST 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP MIRAMAR FL CITY-ST-ZIP Addition TREASURER MARJORIELOCHEN Change DELETE 6 1 TITLE TITLE 6-14-96 6.2 NAME NAME 50 30 BULLANANST 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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. 6.3 STREET ADDRESS

May 29, 1996 954 981-6408

CR2E037