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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33023-1480

3. Date Incorporated or Qualified: 08/19/1965
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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): 5030 BUCHANAN ST

83

84 City: HOLLYWOOD FL 85 Zip Code: 33021

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: Marjorie V Locha (Signature of new registered agent, if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE: 3/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NICK, JUNE A	1.2 NAME	
STREET ADDRESS	430 COMMODORE DR. APT 311	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, HELENE	2.2 NAME	
STREET ADDRESS	12950 SW 7TH COURT APT. 104	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	LECONU, DALE	3.2 NAME	LE CORNU, YVONNE
STREET ADDRESS	8653 SHERATON DRIVE	3.3 STREET ADDRESS	8653 SHERATON DR
CITY-ST-ZIP	MIRAMAR FL 33025	3.4 CITY-ST-ZIP	MIRAMAR FLA 33025
TITLE	D ☒ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	DOANE, JOYCE	4.2 NAME	ASO W. TCH, BARBARA
STREET ADDRESS	8851 NORTH NEW RIVER CANAL ROAD	4.3 STREET ADDRESS	10244 SW 12TH ST
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	PEMBROKE PINES FLA 33025
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, SARAH J	5.2 NAME	
STREET ADDRESS	7770 MERIDIAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LOCHEN, MARJORIE	6.2 NAME	
STREET ADDRESS	5030 BUCHANAN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Marjorie V. Locha 3/10/97 - 954-981-5408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023641