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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709474** (1)

1. Corporation Name

SECOND CHURCH OF CHRIST, SCIENTIST, HOLLYWOOD, FLORIDA, INC.

Principal Place of Business

Mailing Address

**5726 WASHINGTON ST
HOLLYWOOD FL 33023**

**5726 WASHINGTON ST
HOLLYWOOD FL 33023**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1965	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-1367786	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LOCHEN, MARJORIE V 5030 BUCHANAN ST HOLLYWOOD FL 33021				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE CORNU, YVONNE	3.2 NAME	
STREET ADDRESS	8653 SHERATON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASOWITCH, BARBARA	4.2 NAME	
STREET ADDRESS	10244 S.W. 12TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SARAH J	5.2 NAME	LOCHEN MARJORIE
STREET ADDRESS	7770 MERIDIAN ST	5.3 STREET ADDRESS	5030 BUCHANAN ST.
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	HOLLYWOOD, FLA 33021
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
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	

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: *Marjorie Lochen*

CR2E037 (10/97)