


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR 20 PM 2: 20

**DOCUMENT # 709700 (9)**

1. Corporation Name  
**CHRISTIAN SCIENCE SOCIETY, LEHIGH ACRES, FLORIDA, INC.**

Principal Place of Business 390 LEE BLVD LEHIGH ACRES FL 33936	Mailing Address 390 LEE BLVD LEHIGH ACRES FL 33936
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/04/1965</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>59-2038811</b>	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**NELSON, JULIA K.  
 1003 E. PENN ROAD  
 LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

B1 Name <b>Rebecca J Pratt</b>
B2 Street Address (P.O. Box Number is Not Acceptable) <b>4022 Albany Rd</b>
B3 <b>La Belle</b>
B4 City <b>La Belle</b>
B5 Zip Code <b>FL 33935</b>

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 607.3505, Florida Statutes.

SIGNATURE Rebecca J Pratt DATE **3-12-95**

Signature (typed or printed name of registered agent) and use if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>PRATT, MARCUS D</b>
STREET ADDRESS <b>P.O. BOX 1331 OAK ST.</b>	CITY-ST-ZIP <b>LABELL FL</b>
TITLE <b>DS</b>	NAME <b>EVANS, REBECCA P</b>
STREET ADDRESS <b>P.O. BOX 1331 241 OAK ST.</b>	CITY-ST-ZIP <b>LABELLE FL</b>
TITLE <b>DI</b>	NAME <b>NELSON, JULIA K</b>
STREET ADDRESS <b>1003 E. PENN RD-AST</b>	CITY-ST-ZIP <b>LEHIGH ACRES FL 33936</b>
TITLE <b>D</b>	NAME <b>LEMME, PALM</b>
STREET ADDRESS <b>607-3RD ST. E.</b>	CITY-ST-ZIP <b>LEHIGH ACRES FL 33936</b>
TITLE <b>D</b>	NAME <b>BIEHL, HAROLD</b>
STREET ADDRESS <b>1213 JACKSON AVE.</b>	CITY-ST-ZIP <b>LEHIGH ACRES FL 33936</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Sutton, Ken</b>	
3.3 STREET ADDRESS <b>1710 Ridgcrest St.</b>	
3.4 CITY-ST-ZIP <b>Lehigh Acres, FL 33936</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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.

SIGNATURE: Marcus Pratt DATE **3/14/95** (813) 675-2782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCUS PRATT**