

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 709700 (9)

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



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| Principal Place of Business 390 LEE BLVD LEHIGH ACRES FL 33936 | Mailing Address 390 LEE BLVD LEHIGH ACRES FL 33936-4920 |
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| 3. Date incorporated or Qualified 10/04/1965 | 3a. Date of Last Report 03/29/1996 |
| 4. FEI Number 59-2038811 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country USA | 2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country USA |
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| 9. Name and Address of Current Registered Agent PRATT, REBECCA 4022 ALBANY ROAD LABELLE FL 33935 | 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 |
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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 | PDT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRATT, MARCUS D | 1.2 NAME | |
| STREET ADDRESS | P.O. BOX 1331 241 OAK ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LABELLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVANS, REBECCA P | 2.2 NAME | |
| STREET ADDRESS | P.O. BOX 1331 241 OAK ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LABELLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEMME, PALM | 3.2 NAME | |
| STREET ADDRESS | 607-3RD ST. E. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIEHL, HAROLD | 4.2 NAME | |
| STREET ADDRESS | 1213 JACKSON AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

ck# 2343, 2-28-97

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: *Rebecca Pratt* **2/28/97** 941-674-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)