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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

CITY-ST-ZIP

(9)

CHRISTIAN SCIENCE SOCIETY, LEHIGH ACRES, FLORIDA

Principal Place of Business Mailing Address 390 LEE BLVD 390 LEE BLVD 3. Date Incorporated or Qualified LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 10/04/1965 4. FEI Number Applied For 59-2038811 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 \$5.00 May Be Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing Added to Fees Trust Fund Contribution 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 🛄 ☐ No 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year intapgible Personal Property Tax due June 30. Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PRATT, REBECCA Street Address (P.O. Box Number is Not Acceptable) **4022 ALBANY ROAD** 83 LABELLE FL 33935 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 Fiorida. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE NAME PRATT, MARCUS D 1.2 NAME P.O. BOX 1331 241 OAK ST. 1.3 STREET ADDRESS STREET ADDRESS LABELLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE DS TITLE **EVANS, REBECCA P** 22 NAME NAME P.O. BOX 1331 241 OAK ST. 2.3 STREET ADDRESS STREET ADDRESS LABELLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE LEMME, PALM NAME 3.2 NAME 607-3RD ST. E. 3.3 STREET ADDRESS STREET ADDRESS EHIGH ACRES FL 33936 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 4 1 TITLE TITLE **BIEHL, HAROLD** 4. 2 NAME STREET ADDRESS 1213 JACKSON AVE. 4.3 STREET ADDRESS **LEHIGH ACRES FL 33936** CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE ☐ Change ___ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

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 an attachment with an address

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FILED May 26 1998 8:00am Secretary of State