

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # 710263 (5)
1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, NORTH MIAMI, FLORIDA

Principal Place of Business Mailing Address
13650 NORTH EAST TENTH AVENUE NORTH MIAMI FL 33161



3. Date Incorporated or Qualified **01/25/1966** 3a. Date of Last Report **03/02/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-0830739	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country			
30						

9. Name and Address of Current Registered Agent

**SIUNG, GRACE
736 N.E. 92ND ST., APT 1
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 GRACE A. SIUNG, CLERK *Grace A. Siung* 2-23-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MARGARET	1.2 NAME	ANNA BOWER
STREET ADDRESS	2049 S OCEAN DR., UNIT 1201	1.3 STREET ADDRESS	9160 NE 8 AVE
CITY - ST - ZIP	HALLANDALE FL	1.4 CITY - ST - ZIP	MIAMI SHORES, FL. 33138
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROM, MARIE A.	2.2 NAME	
STREET ADDRESS	1548 N.E. 105 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDINE, MARY	3.2 NAME	RHODA LAWRENCE
STREET ADDRESS	15549 MIAMI LAKEWAY N, UNIT 103	3.3 STREET ADDRESS	6207 N.W. 190 TER.
CITY - ST - ZIP	MIAMI LAKES FL	3.4 CITY - ST - ZIP	MIAMI, FL. 33015
TITLE	VCD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ALICE	4.2 NAME	ELFREDA RINGROSE
STREET ADDRESS	1234 N.E. 150TH STREET	4.3 STREET ADDRESS	4460 NW 176 TER
CITY - ST - ZIP	N. MIAMI FL	4.4 CITY - ST - ZIP	MIAMI, FL. 33055
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASHMAN, VIVIAN	5.2 NAME	
STREET ADDRESS	54 ASH DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	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	

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 119.07(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: ANNA BOWER, CHAIRMAN *Anna C. Bower* 2-23-96 (305)757-2119
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)