

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710485 (4)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, INC., NORTH PALM BEACH, FLORIDA

Principal Place of Business
**101 CASTLEWOOD ST.
N. PALM BEACH FL 33408**

Mailing Address
**101 CASTLEWOOD ST.
N. PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1966	3a. Date of Last Report 03/30/1994
4. FEI Number 59-1204730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEWART, FANCHON 1172 SURF RD A-2 SINGER ISL FL 33404		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 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT	1.2 NAME	SUDDARD, HARRIETT
STREET ADDRESS	2705 HONEY ROAD	1.3 STREET ADDRESS	1989 Pleasant Drive
CITY - ST - ZIP	LAKE PARK FL <i>delete</i>	1.4 CITY - ST - ZIP	North Palm Beach, FL 33408
TITLE	D	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMARIO, JOSEPH	2.2 NAME	CLAIRE FOLEY
STREET ADDRESS	20 CELESTIAL WAY, #211	2.3 STREET ADDRESS	11801 Myrtle Oak Court
CITY - ST - ZIP	JUNO BEACH FL <i>delete</i>	2.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGER, DOROTHY	3.2 NAME	
STREET ADDRESS	441 GULF ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLINGFORD, PRISCILLA	4.2 NAME	LOUISE WADE
STREET ADDRESS	374 GOLFVIEW RD	4.3 STREET ADDRESS	52 Yacht Club Drive, #408
CITY - ST - ZIP	N PALM BCH FL <i>delete</i>	4.4 CITY - ST - ZIP	North Palm Beach, FL 33408
TITLE		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		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 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: *Louise Wade* **1/13/95** **407-626-1594**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR (Date) (Daytime Phone #)