

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

DOCUMENT # 710485 (4)

1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST, INC., NORTH P
ALM BEACH, FLORIDA**



Principal Place of Business: 101 CASTLEWOOD ST. N. PALM BEACH FL 33408
Mailing Address: 101 CASTLEWOOD ST. N. PALM BEACH FL 33408

3. Date Incorporated or Qualified 03/08/1966	3a. Date of Last Report 04/24/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 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	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUDDARD, HARRIETT	1.2 NAME	
STREET ADDRESS	1989 PLEASANT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, CLAIRE	2.2 NAME	STEWART RICHARD
STREET ADDRESS	11801 MYRTLE OAK COURT	2.3 STREET ADDRESS	1172 SURF RD
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	SINGER IS., FL. 33404
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGER, DOROTHY	3.2 NAME	STEWART, FANCHON
STREET ADDRESS	441 GULF ROAD	3.3 STREET ADDRESS	1172 SURF RD
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	SINGER IS. FL. 33404
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, LOUISE	4.2 NAME	
STREET ADDRESS	52 YACHT CLUB DRIVE, #408	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SMITH, ROBERT
STREET ADDRESS		5.3 STREET ADDRESS	2705 HONEY RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKE PARK, FL. 33403
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: *Sandra M Stewart* Date: 1/19/96 Daytime Phone #: 407-844-4676

CR2E037 (12/95)