

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710485 (4)**  
1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, INC., NORTH P  
ALM BEACH, FLORIDA**



Principal Place of Business <b>101 CASTLEWOOD ST. N. PALM BEACH FL 33408</b>	Mailing Address <b>101 CASTLEWOOD ST. N. PALM BEACH FL 33408</b>
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3. Date Incorporated or Qualified  
**03/08/1966**

4. FEI Number <b>59-1204730</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**FOLEY, CLARIE  
11801 MYRTLE OAK CT  
A-2  
PALM BEACH GARDENS FL 33410**

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

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**

TITLE	DC <input type="checkbox"/> DELETE
NAME	MILLER, BRUCE
STREET ADDRESS	132 LAKE SHORE DR, APT. 218
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STEWART, RICHARD
STREET ADDRESS	1172 SURF ROAD
CITY-ST-ZIP	SINGER ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD, JOHN
STREET ADDRESS	132 LAKESHORE DR
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DORMINEY, JACQUELINE
STREET ADDRESS	3238 CAPRI RD
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HEIL, PHYLLIS
STREET ADDRESS	1004 TENTH CT
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Virgie Hacker
2.3 STREET ADDRESS	11886 Hemlock St.
2.4 CITY-ST-ZIP	Palm Bch. Gardens Fl. 33410
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Louise WADE
5.3 STREET ADDRESS	52 Yacht Club Dr.
5.4 CITY-ST-ZIP	North Palm Bch. Fl 33408
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* SIGNATURE REQUIRED

CR2E037 (10/97)