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Jan 23, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-23-1999 90024 049 *****61.25

DOCUMENT # 710485

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/08/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1204730

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOLEY, CLARIE
11801 MYRTLE OAK CT.
A-2
PALM BEACH GARDENS FL 33410

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

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 DC
NAME MILLER, BRUCE
STREET ADDRESS 132 LAKE SHORE DR, APT. 218
CITY-ST-ZIP NORTH PALM BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D C
NAME HACKER, VIRGIE
STREET ADDRESS 11886 HEMLOCK ST
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME FORD, JOHN
STREET ADDRESS 132 LAKESHORE DR
CITY-ST-ZIP NORTH PALM BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DORMINEY, JACQUELINE
STREET ADDRESS 3238 CAPRI RD
CITY-ST-ZIP PALM BEACH GARDENS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WADE, LOUISE
STREET ADDRESS 52 YACHT CLUB DR
CITY-ST-ZIP NORTH PALM BEACH FL 33408

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(l), 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

1-2-99 561-844-4676

CR2E037 (1/98)