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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 710603 (2)
1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST OF PALATKA, IN C.

Principal Place of Business Mailing Address
1200 CARR ST PALATKA FL 32177 **1200 CARR ST PALATKA FL 32177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/25/1966** 3a. Date of Last Report **02/22/1994**
4. FEI Number **59-2433209** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**STOUTENBURGH
STOUTENBURGH, NANCY A
140 W. ST. JOHNS TERRACE
EAST PALATKA FL 32131**

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 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	CAHAN, ANNE
STREET ADDRESS	106 EAGLE NEST COURT
CITY-ST-ZIP	EAST PALATKA FL
TITLE	D
NAME	WITHINGTON, C. F
STREET ADDRESS	3882 ST. JOHNS AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	FELCHERMAN, MICHELA
STREET ADDRESS	RR 2 BOX 137 N/A
CITY-ST-ZIP	CRESCENT CITY FL
TITLE	D
NAME	ELIJOTT, KATHERINE
STREET ADDRESS	417 N 3RD ST
CITY-ST-ZIP	PALATKA FL
TITLE	D
NAME	HUTCHERSON, LAWRENCE
STREET ADDRESS	5007 RAGSDALE DR
CITY-ST-ZIP	PALATKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chief Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Enicia Fisher	
1.3 STREET ADDRESS	220 Madison St.	
1.4 CITY-ST-ZIP	Palatka FL 32177	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Don Maddox	
2.3 STREET ADDRESS	203 S. Moody Rd	
2.4 CITY-ST-ZIP	Palatka, FL 32177	
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	Richard Stewart D. now	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	417 N. 3rd st.	
4.3 STREET ADDRESS	Palatka, FL 32177	
4.4 CITY-ST-ZIP		
5.1 TITLE	Nancy Stoutenburgh D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	140 W. St. Johns Terrace	
5.3 STREET ADDRESS	E. Palatka, FL 32131	
5.4 CITY-ST-ZIP		
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 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: Enicia Fisher **Enicia Fisher** **2/13/95** **(904)325-3628**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #