

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 # **710603** (2)

1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST OF PALATKA, IN
C.**



Principal Place of Business

Mailing Address

**1209 CARR ST
PALATKA FL 32177**

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PALATKA FL 32177**

3. Date Incorporated or Qualified
03/25/1966

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **1209 Carr Street**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Palatka, Fl.**

28

Zip

Country

Zip

Country

24 **32112**

25 **Putnam**

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOUTENBURGH, NANCY A
140 W. ST. JOHNS TERRACE
EAST PALATKA FL 32131**

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 **Nancy A. Stoutenburgh**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Nancy A. Stoutenburgh

02/18/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **FICHER, ENICIA**
STREET ADDRESS **220 MADISON ST**
CITY - ST - ZIP **PALATKA FL**

1.1 TITLE **CD** ☒ Change ☒ Addition
1.2 NAME **Richard Stewart**
1.3 STREET ADDRESS **417 N. Third St**
1.4 CITY - ST - ZIP **Palatka, Fl 32177** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MADDOX, DON**
STREET ADDRESS **203 S MOODY RD**
CITY - ST - ZIP **PALATKA FL 32177**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **FELCIERHMAN, MICHELA**
STREET ADDRESS **RR 2 BOX 137 N/A**
CITY - ST - ZIP **CRESCENT CITY FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Edna M. Painter**
3.3 STREET ADDRESS **Star Rt. 2, Box 310A**
3.4 CITY - ST - ZIP **Crescent City, Fl 32112** ☐ Change ☐ Addition

TITLE **D** ☒ DELETE
NAME **STEWART, RICHARD**
STREET ADDRESS **417 N 3RD ST**
CITY - ST - ZIP **PALATKA FL 32177**

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

TITLE **DT** ☐ DELETE
NAME **STOUTENBURGH, NANCY**
STREET ADDRESS **140 W ST JOHNS TERRACE**
CITY - ST - ZIP **E PALATKA FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE **D** ☒ Change ☒ Addition
6.2 NAME **Cliff Jones**
6.3 STREET ADDRESS **1172 N. County Rd. #315**
6.4 CITY - ST - ZIP **Melrose, Fl 32666**

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: **Richard Stewart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-325-8043

Date

Daytime Phone #

CR2E037 (12/95)