

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: 1209 CARR ST PALATKA FL 32177
Mailing Address: 1209 CARR ST PALATKA FL 32177

3. Date Incorporated or Qualified: 03/25/1966
3a. Date of Last Report: 04/18/1995

21	2. Principal Place of Business 1209 Carr Street	26	2a. Mailing Address SAME	4.	FEI Number 59-2433209	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Palatka, Fl.	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32112	25	Country Putnam	29	Zip	30	Country
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
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)
DATE: 02/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FICHER, ENICIA	1.2 NAME	Richard Stewart
STREET ADDRESS	220 MADISON ST	1.3 STREET ADDRESS	417 N. Third St
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	Palatka, Fl 32177
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, DON	2.2 NAME	
STREET ADDRESS	203 S MOODY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELCIERHMAN, MICHELA	3.2 NAME	Edna M. Painter
STREET ADDRESS	RR 2 BOX 137 N/A	3.3 STREET ADDRESS	Star Rt. 2, Box 310A
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP	Crescent City, Fl 32112
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	STEWART, RICHARD	4.2 NAME	
STREET ADDRESS	417 N 3RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	STOUTENBURGH, NANCY	5.2 NAME	
STREET ADDRESS	140 W ST JOHNS TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Cliff Jones
STREET ADDRESS		6.3 STREET ADDRESS	1172 N. County Rd. #315
CITY-ST-ZIP		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
DATE: 904-325-8043
Daytime Phone #

CR2E037 (12/95)