FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

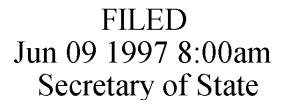
DOCUMENT # 710603

(2)

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

Principal Place of Business

Mailing Address





1200 CARR ST PALATKA FL 321	n	1209 CARR ST PALATKA FL 32177-4513				
					3. Date Incorporated or Qualified 03/25/1966	3a. Date of Last Report 02/26/1996
2. Principal f	Piace of Business	2a. Mailing Address	Mailing Address		4. FEI Number 59-2433209	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Olty & Sta	1e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country 25	Zip Country 30		lry	8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
			Įŧ	1 Name		
140 W. ST. JOHNS JERRACE				82 Street Address (P.O. Box Number is Not Acceptable)		
EAST PAI	LATKA FL 32131		Ē	3		
			E	4 City		FL 85 Zip Code
office or	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change w	as authorized	by the corpor	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	,	·		quired when reinstating)	DATE
12.		ID DIRECTORS	13,	rgent signature rec	ADDITIONS/CHANGES TO OFFIC	
TITLE	CD	. DELETE	1.1 THTU	<u> </u>	ADDITIONAL OF THE	Change Addition
NAME	STEWART, RICHARD	, —	1.2 NAM			
STREET ADDRESS	417 N THIRD STREET		1,3 STR	ET ADDRESS		
CITY-ST-ZIP			1,4 CITY	- ST- ZIP		
TITLE	D	☐ DELETÉ	2.1 TITU			☐ Change ☐ Addition
NAME	MADDOX, DON		2.2 NAM	ŧ		
STREET ADDRESS	203 S MOODY RD	147	2.3 STR	ET ADDRESS		
CITY-ST-ZIP	PALATKA FL ~°	2/77	2. 4 CITY	'- ST - ZIP		•
TITLE) D	☐ DELETE	3.1 TITU			Change Addition
	PAINTER, EDNA M.	Eash hoe, Trum	Class C NAM	E		
STREET ADDRESS	STAR RT 2 BOX 310A			l l		
CITY+ST-ZIP	CRESCENT CITY FL 32	DELETË		'-ST-ZIP		Chance Madeller
TITLE NAME	JONES, CLIFF	DECEIE .	4.1 TITL	: IC An .c.	D	Change Addition
STREET ADDRESS	1172 NORTH COUNTRY ROAD	SUITE 315	4. 2 NAM	IE MS . Et address	D CARPENTER, GERALDINE D P.O. Box 654 CARPENTER, GERALDINE D CARPENTER, G CARPENTER, G CARPENTER, G CARPENTER, G	1.44.0. 10.
CITY-ST-ZIP	MELROSE FL	475		- ST - ZIP	P.O. Box 654 534	LANG COMONE
TITLE	D	DELETE	5.1 TITL		LAKE COMO, TL 32177	Change Addition
NAME 1085	STOUTENBURGH, NANCY	_	5.2 NAM	E	ブ	~ ·
STREET ADDRESS	A 4A SA/ AT TATILIA TERRAACE	a - 1 - 1		ET ADDRESS	•	
CITY-ST-ZIP	E PALATKA FL	32/3/		-ST-ZIP		
TITLE		☐ DELETE	6.1 FITLE			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY	- ST - 7/P		

I do 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.