


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710603 (2)**

1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST OF PALATKA, IN C.**



Principal Place of Business <b>1209 CARR ST PALATKA FL 32177</b>	Mailing Address <b>1209 CARR ST PALATKA FL 32177</b>
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3. Date Incorporated or Qualified <b>03/25/1966</b>		
4. FEI Number <b>59-2433209</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business <b>21 1209 CARR ST.</b>	2a. Mailing Address <b>26 SAME</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23 PALATKA, FL</b>	City & State <b>28</b>		
Zip <b>24 32177</b>	Country <b>25 PUTNAM</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>RD</b>	NAME <b>STEWART, RICHARD</b>	1.1 TITLE <b>D.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>417 N THIRD STREET</b>	CITY-ST-ZIP <b>PALATKA FL 32177</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>MADDOX, DON</b>	2.1 TITLE <b>D. FRED WITHINGTON</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>203 S MOODY RD</b>	CITY-ST-ZIP <b>PALATKA FL</b>	2.2 NAME <b>2202 HIRSH AVE</b>	
		2.3 STREET ADDRESS <b>JACKSONVILLE</b>	
		2.4 CITY-ST-ZIP <b>32216</b>	
TITLE <b>D</b>	NAME <b>PAINTER, EDNA M MRS.</b>	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>211 PARK AVE</b>	CITY-ST-ZIP <b>CRESCENT CITY FL 32112</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>CD</b>	NAME <b>CARPENTER, GERALDINE B MS.</b>	4.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>P.O. BOX 854 N/A 534 L. COMO DR</b>	CITY-ST-ZIP <b>LAKE COMO FL 32157</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>STOUTENBURGH, NANCY A MRS.</b>	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>140 W ST JOHNS TERRACE</b>	CITY-ST-ZIP <b>E PALATKA FL 32131</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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)(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.

SIGNATURE: Nancy A. Stoutenburgh **4/24/98 (352) 955-2293**

CR2E037 (10/97)