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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1209 CARR ST PALATKA FL 32177	Mailing Address 1209 CARR ST PALATKA FL 32177
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3. Date Incorporated or Qualified 03/25/1966		
4. FEI Number 59-2433209	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	D	1.1 TITLE	D.
NAME	STEWART, RICHARD	1.2 NAME	
STREET ADDRESS	417 N THIRD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D. FRED WITHINGTON
NAME	MADDOX, DON	2.2 NAME	2202 HIRSCA AVE
STREET ADDRESS	203 S MOODY RD	2.3 STREET ADDRESS	JACKSONVILLE 32216
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	PAINTER, EDNA M MRS.	3.2 NAME	
STREET ADDRESS	211 PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	CD
NAME	CARPENTER, GERALDINE B MS.	4.2 NAME	
STREET ADDRESS	P.O. BOX 854 N/A 534 L. COMO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL 32157	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	STOUTENBURGH, NANCY A MRS.	5.2 NAME	
STREET ADDRESS	140 W ST JOHNS TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL 32131	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)