


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90061 039 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710603**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1209 CARR ST. Suite, Apt. #, etc.	26 SAME Suite, Apt. #, etc.	03/25/1966
22 City & State	27 City & State	4. FEI Number
23 PALATKA, FL	28	-59-2433209
24 Zip	25 Country	5. Certificate of Status Desired
32177	FL	<input type="checkbox"/> \$8.75 Additional Fee Required.
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, RICHARD	1.2 NAME	LAWRENCE HUTCHERSON
STREET ADDRESS	417 N THIRD STREET	1.3 STREET ADDRESS	421 20th Pl.
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHINGTON, FRED	2.2 NAME	LAWRENCE HUTCHERSON, JR
STREET ADDRESS	2203 HIRSCH AVENUE	2.3 STREET ADDRESS	421 20th Pl.
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, GERALDINE B MS	4.2 NAME	MRS. MARGARET COOK
STREET ADDRESS	534 L COMO DRIVE	4.3 STREET ADDRESS	105 INDIANA AVE.
CITY-ST-ZIP	LAKE COMO FL 32157	4.4 CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUTENBURGH, NANCY A	5.2 NAME	MRS. MARGARET BURGOS
STREET ADDRESS	140 W ST JOHNS TERRACE	5.3 STREET ADDRESS	417 N. THIRD STREET
CITY-ST-ZIP	E PALATKA FL 32131	5.4 CITY-ST-ZIP	PALATKA, FL 32177
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

**SIGNATURE: LAWRENCE HUTCHERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3620 99 904-4673  
Date Daytime Phone #

CR2E037 (11/98)