


FILE NOW: FILING FEE IS \$61.25

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Mar 25, 1999 8:00 am
Secretary of State

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

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris 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 1209 CARR ST PALATKA FL 32177 | Mailing Address 1209 CARR ST PALATKA FL 32177 |
|---|---|



| | | |
|---|---|---|
| 2. Principal Place of Business 21 1209 CARR ST, Suite, Apt. #, etc. | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 03/25/1966 |
| 22 City & State 23 PALATKA, FL | 27 City & State | 4. FEI Number -59-2433209 |
| 24 Zip 32177 | 25 Country PUITNAM | 28 Zip 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |

| | |
|--|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required. | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code | STOUTENBURGH, NANCY A 140 W. ST. JOHNS TERRACE EAST PALATKA FL 32131 |

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 (20) 199 904-4673
Date Daytime Phone #

CR2E037 (1.1/98)

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