


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711029 (9)  
1. Corporation Name  
FIRST CHURCH OF CHRIST, SCIENTIST, HOLMES BEACH, FLORIDA, INC.



Principal Place of Business: 6300 MARINA DRIVE BOX 1157 HOLMES BEACH FL 34218  
Mailing Address: 6300 MARINA DRIVE BOX 1157 HOLMES BEACH FL 34218-1157

3. Date Incorporated or Qualified: 06/13/1966  
3a. Date of Last Report: 02/02/1996  
4. FEI Number: 59-1226175  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent  
WRIGHT, BARBARA  
508 69TH ST N.  
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City, B5 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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, BARBARA	1.2 NAME	
STREET ADDRESS	508 69TH ST N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	1.4 CITY-ST-ZIP	34217
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, SALLY	2.2 NAME	SUSAN DIEFFENWIERTH
STREET ADDRESS	202 75TH ST.	2.3 STREET ADDRESS	4207 CAPE USTA DR W
CITY-ST-ZIP	HOLMES BEACH FL	2.4 CITY-ST-ZIP	BRADENTON FL 34209
TITLE	BDT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, C. V	3.2 NAME	
STREET ADDRESS	508 69TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	34217
TITLE	BC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	BD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEAU, GLADYS	4.2 NAME	DONALD HEKKING
STREET ADDRESS	415 BAY PALMS	4.3 STREET ADDRESS	3618 SOUTHERN PARKWAY W
CITY-ST-ZIP	HOLMES BCH, FL 34217	4.4 CITY-ST-ZIP	BRADENTON FL 34205
TITLE	BD <input type="checkbox"/> DELETE	5.1 TITLE	BC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JACQUELINE	5.2 NAME	WALKER, JACQUELINE
STREET ADDRESS	837 AUDUBON	5.3 STREET ADDRESS	837 AUDUBON
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	BRADENTON FL
TITLE	BD <input type="checkbox"/> DELETE	6.1 TITLE	BD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, LUCILLE	6.2 NAME	ELLIOTT, LUCILLE
STREET ADDRESS	748 ESTUARY DR.	6.3 STREET ADDRESS	617 BARONET LN
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	HOLMES BEACH FL 34217

14. 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, changed, or on an attachment with an address.

SIGNATURE: *Vincent Wright, Treas* 2-7-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064830

CR2E037 (9/96)