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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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**



2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/13/1966**
4. FEI Number: **59-1226175**
6. Certificate of Status Desired: \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

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
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 _____ (NOTE: Registered Agent signature required when relating) 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 checked="" 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	VD <input type="checkbox"/> DELETE	2.1 TITLE	BD/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEFFENWIERTH, SUSAN	2.2 NAME	
STREET ADDRESS	4207 CAPE VISTA DRIVE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	34209
TITLE	BD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	BD/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, C. V	3.2 NAME	REED, CHARLES V.
STREET ADDRESS	508 69TH ST	3.3 STREET ADDRESS	614 GLADSTONE LANE
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	HOLMES BEACH, FL. 34217 34217
TITLE	BD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEKING, DONALD	4.2 NAME	
STREET ADDRESS	3618 SOUTHERN PARKWAY WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	34205
TITLE	BD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BD/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JACQUELINE	5.2 NAME	MUNCY, JEAN E.
STREET ADDRESS	827 AUDUBON	5.3 STREET ADDRESS	3618 57TH AV DR W. W
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	BRADENTON, FL. 34210 34210
TITLE	BD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	BD/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, LUCKLE	6.2 NAME	ROBERTS, SALLY P.
STREET ADDRESS	617 BARONET LANE	6.3 STREET ADDRESS	202 75TH ST.
CITY-ST-ZIP	HOLMES BEACH FL	6.4 CITY-ST-ZIP	HOLMES BEACH, FL. 34217 34217

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: *Sandra B. Mortham* 2-28-98 (941) 739-8283

CR2E037 (10/97)