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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 711029 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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/13/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1226175
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <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	
WRIGHT, BARBARA 508 69TH ST N. HOLMES BEACH FL 34217		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 *Barbara Wright* DATE *January 17, 1999*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 34217	1.4 CITY-ST-ZIP	
TITLE	BDS <input type="checkbox"/> DELETE	2.1 TITLE	<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 34209	2.4 CITY-ST-ZIP	
TITLE	BDC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CHARLES V.	3.2 NAME	
STREET ADDRESS	614 GLADSTONE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 34217	3.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEKING, DONALD	4.2 NAME	
STREET ADDRESS	3618 SOUTHERN PARKWAY WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP	
TITLE	BDT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNCY, JEAN E.	5.2 NAME	BDT, BDV
STREET ADDRESS	3618 57TH AVE DR W	5.3 STREET ADDRESS	MUNCY, JEAN E.
CITY-ST-ZIP	BRADENTON FL 34210	5.4 CITY-ST-ZIP	3618 57TH AV DR W
TITLE	BDV <input type="checkbox"/> DELETE	6.1 TITLE	BRADENTON, FL 34210
NAME	ROBERTS, SALLY P.	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	202 75TH ST	6.3 STREET ADDRESS	BD
CITY-ST-ZIP	HOLMES BEACH FL 34217	6.4 CITY-ST-ZIP	ROBERTS, SALLY P
			202 75TH ST
			HOLMES BEACH FL 34217

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 *Jan E. Muncy* SIGNATURE REQUIRED *1-17, 1999 (941) 739-8283*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)