

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 27 PM 4: 22

**DOCUMENT # 712574 (3)**

1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, SANIBEL-CAPTI  
VA, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**2950 WEST GULF DRIVE 2950 WEST GULF DRIVE  
SANIBEL FL 33957 SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>04/11/1967</b>	3a. Date of Last Report <b>11/28/1994</b>
4. FEI Number <b>23-7453561</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**OFFER, DOROTHY  
1510 MEMOLI LN #C1  
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>OFFER, DOROTHY</b>
STREET ADDRESS	<b>1510 MEMOLI LN #C1</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>T</b>
NAME	<b>STEVENS, FRANK A.</b>
STREET ADDRESS	<b>1500 MEMOLI LN.,#B1</b>
CITY-ST-ZIP	<b>FT MYERS FL 33919</b>
TITLE	<b>SD</b>
NAME	<b>STATEN, CATHERINE</b>
STREET ADDRESS	<b>1162 PAPER FIG COURT</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>
TITLE	<b>D</b>
NAME	<b>PORTER, CAROLINE C.</b>
STREET ADDRESS	<b>312 PALM LAKE DR</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>
TITLE	<b>D</b>
NAME	<b>DE ROCCO, JOVAN</b>
STREET ADDRESS	<b>11021 SPINNAKER CINN. CV</b>
CITY-ST-ZIP	<b>FT.MYERS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Frank A. Stevens Board Chairman Date: 1/10/95 813-281-5575