

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712574 (3)
1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, SANIBEL-CAPTI VA, FLORIDA, INC.



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

3. Date Incorporated or Qualified: 04/11/1967
3a. Date of Last Report: 01/27/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 23-7453561	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

81 Name: OFFER, LEONARD
82 Street Address (P.O. Box Number is Not Acceptable): 1510 MEMOLI LANE APT. C1
83
84 City: FORT MYERS, FL 85 Zip Code: 33919

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: LEONARD OFFER, CD

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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFER, DOROTHY	1.2 NAME	LEONARD OFFER
STREET ADDRESS	1510 MEMOLI LN #C1	1.3 STREET ADDRESS	1510 MEMOLI LANE #C1
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL. 33919
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, FRANK A.	2.2 NAME	EUGENE A. RUCKSTAETTER
STREET ADDRESS	1500 MEMOLI LN. #B1	2.3 STREET ADDRESS	411 LAG-oon DRIVE
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP	SANIBEL, FL. 33957
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATEN, CATHERINE	3.2 NAME	
STREET ADDRESS	1162 PAPER FIG COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, CAROLINE C.	4.2 NAME	JO MULLEN
STREET ADDRESS	312 PALM LAKE DR	4.3 STREET ADDRESS	1119 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	SANIBEL, FL. 33957
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ROCCO, JOVAN	5.2 NAME	PETER PITTGRE
STREET ADDRESS	11621 SPINNAKER CINN. CV	5.3 STREET ADDRESS	630 HIDEAWAY COURT
CITY-ST-ZIP	FT.MYERS FL	5.4 CITY-ST-ZIP	SANIBEL, FL. 33957
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DOROTHY GRADY
STREET ADDRESS		6.3 STREET ADDRESS	1119 PERIWINKLE WAY #164
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SANIBEL, FL. 33957

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONARD OFFER, CD

Date: 7/2 March 1996

Daytime Phone: #

CR2E037 (12/95)