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Feb 14 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 # 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 33957-5729

3. Date incorporated or Qualified 04/11/1967  
3a. Date of Last Report 03/13/1996  
4. FEI Number 23-7453561  
Applied For Not Applicable  
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 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
OFFERM LEONARD  
1510 MEMOLI LANE  
APT C1  
FT MYERS FL 33919

10. Name and Address of New Registered Agent  
81 Name BRADY, DOROTHY  
82 Street Address (P.O. Box Number is Not Acceptable) 1119 PERIWINKLE WAY #164  
83  
84 City SANIBEL FL 85 Zip Code 33957

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 DOROTHY BRADY, CHAIRMAN  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2-9-97

12. OFFICERS AND DIRECTORS  
TITLE CD  DELETE  
NAME OFFER, LEONARD  
STREET ADDRESS 1510 MEMOLI LN #C1  
CITY-ST-ZIP FT MYERS FL

TITLE  DELETE  
NAME RUCKSTAETTER, EUGENE A  
STREET ADDRESS 411 LAGOON DR  
CITY-ST-ZIP SANIBEL FL

TITLE  DELETE  
NAME STATEN, CATHERINE  
STREET ADDRESS 1182 PAPER FIG COURT  
CITY-ST-ZIP SANIBEL FL

TITLE  DELETE  
NAME MULLEN, JO  
STREET ADDRESS 1119 PERIWINKLE WAY  
CITY-ST-ZIP SANIBEL FL

TITLE  DELETE  
NAME PITTORE, PETER  
STREET ADDRESS 630 HIDEAWAY CT  
CITY-ST-ZIP SANIBEL FL

TITLE  DELETE  
NAME BRADY, DOROTHY  
STREET ADDRESS 1119 PERIWINKLE WAY 164  
CITY-ST-ZIP SANIBEL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D  Change  Addition  
1.2 NAME BOYER, JULIA  
1.3 STREET ADDRESS 12941 KELLY BAY CT.  
1.4 CITY-ST-ZIP FT. MYERS, FL.

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE CD  Change  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 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: [Signature] 2-9-97.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058019

CR2E037 (9/96)