FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

1. Corporation Name										
FIRST CHURCH OF CHRIST, SCIENTIST, SANIBEL-CAPTI VA, FLORIDA, INC.										
Principal Place of Business Mailing Address							1 100111/ 10001 1010 1101 01111 100H 1 101 0101	dini ninii Aidii bi	411 01011 (00)	
2950 WEST QULF DRIVE 2950 WEST QULF DRIVE SANIBEL FL 33957 SANIBEL FL 33957								3. Date Incorporated or Qualified 04/11/1967		
					•		1	4. FEI Number	Ap	plied For
								<u>23-7453561</u>	No	t Applicable
2. Principal P	Place of Busin	ness	2e. Mailing Ad	2e. Mailing Address				5. Certificate of Status Desired	\$8.75 / Fee Re	
Suite, Apt. #, etc.								6. Election Campaign Financing	\$5.00 N	viay Be
27								Trust Fund Contribution Added to Fees		
City & State City & State 28								7. Is this nonprofit corporation a homeowners association?		
Zip		Country	Z _i p			Country		8. This corporation owes or has paid the current year Intangible		
24	- N	25	29					Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						Name		10. Name and Address of New Registers	a Agent	
								Anne Burden		
OFFERM LEONARD							Anne Burden t Address (P.O. Box Number is Not Acceptable)			
1510 MEMOLI LANE						2915 West Gulf Drive				
APT C1 FT MYERS FL 33919							•	Sanibel, Florida 3	33957	
						City		· F	Tar Tim (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										
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 JULIA S. ROUSE Julia S. Bacyer Treasurer of Sirector 2-9-98 3/5/91										
	Signature, typeo		tered Ayen and title if applicable. RS AND DIRECTORS	(NOTE: R		ent signature	beriuper e	when reinstaling) DATE		7
12.	тD	OFFICE		DELETE	13. 1.1 TITLE		Γ.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	BOYER	.11 II IA		OLCE IL	1.2 NAME					
STREET ADDRESS	AGG C CONTRACT TO A SA COMM				1.3 STREET ADDRESS					
CITY-ST-ZIP	FT MYE				1.4 City-St-Zip					
TITLE	10			DELETÉ	2.1 TITLE		 		Change	Addition
NAME	17					2.2 NAME CI		_~D	•	
STREET ADDRESS	444 4 4 6 6 6 11 6 6					2.3 STREET ADDRESS		Anne Burden		
CITY-ST-ZIP	CALLERY TI				2. 4 CITY-ST-ZIP			2915 W. Gulf Dr		
TITLE	S			DELETE	3.1 TITLE		<u> </u>	Sanibel, Fl. 33	9 2 Change	Addition
NAME	STATE	I, CATHERINE			3.2 NAME					ĺ
STREET ADDRESS		aper fig coup	रा		3.3 STREET	ADDRESS				
CITY-ST-ZIP	SANIBE	L FL			3.4. CITY-5	ST-ZIP	ļ			
TITLE	D			DELETE	4.1 TITLE				Change	☐ Addition
NAME	MULLE				4.2 NAME		1			
		ERIWINKLE WAY			4.3 STREET		1		-	
CITY-ST-ZIP TITLE	SANIBE	L FL		DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIP	-		Change	☐ Addition
NAME	, -	C DETER	i,X)	OFFILE	5.2 NAME		D		- Cusulle	voiin)
STREET ADDRESS		e, peter Deaway Ct			5.2 NAME 5.3 STREET	ADDOCCO	ļ	Miriam Pittore		
	SANIBE				5.4 CITY-S			630 Hideaway Ct.	_	1
CITY-ST-ZIP TITLE	CD		₩	DELETE	6.1 TITLE	r-Lir	!	Sanibel, Fl. 3395	7 Change	Addition
NAME		DOROTHY	w		6.2 NAME			D Alathona Tayman	•	and a substitution
STREET ADDRESS		ERIWINKLE WAY	/ 164		6.3 STREET	ADDRESS		Alathena Layman (6	ULF)	
DITY CY 710	SANIRE		•		CADITY C	T 710	1	1999 MINGIENDE.	-	ı

Thereby 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:

FILED

Mar 11 1998 8:00am

Secretary of State