

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90128 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712574**  
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/11/1967	4. FEI Number 23-7453561	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

**BURDEN, ANNE**  
 2915 WEST GULF DRIVE  
 APT # 301 A  
 SANIBEL FL 33957

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, JULIA	1.2 NAME	
STREET ADDRESS	12941 KELLY BAY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDEN, ANNE	2.2 NAME	
STREET ADDRESS	2915 W GULF DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLEN, JO	4.2 NAME	Hashagen, June
STREET ADDRESS	1119 PERIWINKLE WAY	4.3 STREET ADDRESS	1971 Roseate Lane
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTORE, MIRIAM	5.2 NAME	Brady, Dorothy
STREET ADDRESS	630 HIDEWAY CT	5.3 STREET ADDRESS	641 Periwinkle Way
CITY-ST-ZIP	SANIBEL FL 33957	5.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYMAN, ALATHENA	6.2 NAME	
STREET ADDRESS	1359 MIDDLE GULF DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Anne S Burden DATE: 1/7/99 PHONE: 941-472-0835  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)