

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 # 713721 (9)

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, ORMOND BEACH, FLORIDA, INC.



Principal Place of Business: **100 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176**
Mailing Address: **100 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176**

3. Date Incorporated or Qualified: **11/29/1967**
3a. Date of Last Report: **02/16/1995**
4. FEI Number: **59-2480009**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**ANDERSON, ROYAL A.
21 MAGNOLIA DRIVE NORTH
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code: **32174**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: C	HOLDEN, PHYLLIS <input checked="" type="checkbox"/> DELETE	1.1 TITLE: CHAIRPERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOLDEN, PHYLLIS		1.2 NAME: SMITH, MACY
STREET ADDRESS: 62 BEAR CREEK PATH		1.3 STREET ADDRESS: 24 CARRAIGE CREEK WAY
CITY-ST-ZIP: ORMOND BEACH FL		1.4 CITY-ST-ZIP: ORMOND BEACH, FLORIDA 32174
TITLE: D	HOLDEN, PHYLLIS <input checked="" type="checkbox"/> DELETE	2.1 TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOLDEN, PHYLLIS		2.2 NAME: MEHR, FLORENCE
STREET ADDRESS: 62 BEAR CREEK PATH		2.3 STREET ADDRESS: 1362 HOLLY AVENUE
CITY-ST-ZIP: ORMOND BCH. FL		2.4 CITY-ST-ZIP: HOLLY HILL, FLORIDA 32117
TITLE: D	SMITH-COLLINS, DIANE G. <input checked="" type="checkbox"/> DELETE	3.1 TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH-COLLINS, DIANE G.		3.2 NAME: ESCOFFIER, MARION
STREET ADDRESS: 16 RIVERSHORE DRIVE		3.3 STREET ADDRESS: 15 RAINBOW FALLS TRAIL
CITY-ST-ZIP: ORMOND BCH. FL		3.4 CITY-ST-ZIP: ORMOND BEACH, FLORIDA 32174
TITLE: D	CARR, CARROLL <input checked="" type="checkbox"/> DELETE	4.1 TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARR, CARROLL		4.2 NAME: DASSANCE, TAMMY
STREET ADDRESS: 915 N HAIFAX AVE 506/7		4.3 STREET ADDRESS: 3 SEADUNES TERRACE
CITY-ST-ZIP: DAYTONA BCH FL		4.4 CITY-ST-ZIP: ORMOND BEACH, FLORIDA 32176
TITLE: D	GATCH, MABEL <input checked="" type="checkbox"/> DELETE	5.1 TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GATCH, MABEL		5.2 NAME: PINSKER, LILLIAN
STREET ADDRESS: 524 S. BEACH ST APT B		5.3 STREET ADDRESS: 611 CLOVE LANE
CITY-ST-ZIP: DAYTONA BEACH FL		5.4 CITY-ST-ZIP: ORMOND BEACH, FLORIDA 32174
TITLE: TD	ANDERSON, ROYAL A. <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANDERSON, ROYAL A.		6.2 NAME:
STREET ADDRESS: 21 MAGNOLIA DRIVE NORTH		6.3 STREET ADDRESS:
CITY-ST-ZIP: ORMOND BEACH FL		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 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: *Royal A. Anderson* 4-19-96 904-437-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)