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Apr 30 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 # 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 32176-5716

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1967	3a. Date of Last Report 04/18/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2480009	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANDERSON, ROYAL A. 21 MAGNOLIA DRIVE NORTH ORMOND BEACH FL 32174				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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	C	1.1 TITLE	
NAME	SMITH, MACY	1.2 NAME	
STREET ADDRESS	24 CARRIAGE CREEK WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DIRECTOR
NAME	MEHR, FLORENCE	2.2 NAME	GLORIA SWARD
STREET ADDRESS	1362 HOLLY AVENUE	2.3 STREET ADDRESS	4 SEA OATS TERRACE
CITY-ST-ZIP	HOLLY HILL FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D	3.1 TITLE	
NAME	ESCOFFIER, MARION	3.2 NAME	
STREET ADDRESS	15 RAINBOW FALLS TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DASSANCE, TAMMY	4.2 NAME	
STREET ADDRESS	3 SEADUNES TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D. Mabel Gatch
NAME	PINSKER, LILLIAN	5.2 NAME	
STREET ADDRESS	611 CLOVE LANE	5.3 STREET ADDRESS	1243 WAVERLY DRIVE
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	TD	6.1 TITLE	
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 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, whichever is applicable, or as an attachment with an address.

SIGNATURE: Royal Anderson APRIL 13, 1997 904 437055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6003546

CR2E037 (9/96)