

FILE NOW: FILING FEE IS \$61.25

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**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/29/1967	
4. FEI Number 59-2480009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
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	85 Zip 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C
NAME	SMITH, MACY	1.2 NAME	ORBER, FLORENCE
STREET ADDRESS	24 CARRIAGE CREEK WAY	1.3 STREET ADDRESS	163 PINE CONE TRAIL
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D	2.1 TITLE	
NAME	SWARD, GLORIA	2.2 NAME	
STREET ADDRESS	4 SEA OATS TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	ESCOFFIER, MARION	3.2 NAME	ROMAIN, MARILYN
STREET ADDRESS	15 RAINBOW FALLS TRAIL	3.3 STREET ADDRESS	72 CAROL ROAD
CITY-ST-ZIP	ORMOND BCH. FL	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
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	
NAME	GATCH, MABETH	5.2 NAME	
STREET ADDRESS	1243 WAVERLY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	ANDERSON, ROYAL A.
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ORBER, FLORENCE
1.3 STREET ADDRESS	163 PINE CONE TRAIL
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROMAIN, MARILYN
3.3 STREET ADDRESS	72 CAROL ROAD
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ANDERSON, ROYAL A.
6.3 STREET ADDRESS	
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.

SIGNATURE: *Royal A. Anderson* 4/19/98 904-437-0507

CF2E037 (10/97)