

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90320 004 \*\*\*\*61.25

000353

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713721

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



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 11/29/1967 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 4. FEI Number 59-2480009 Applied For Not Applicable 22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required 23 Zip Country 28 Zip Country 6. Election Campaign Financing \$5.00 May Be Added to Fees 24 25 29 30 Trust Fund Contribution

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

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 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, with all other like empowered.

SIGNATURE: ROYAL A. ANDERSON, 4/14/99-9044370507

CR2E037 (1/1/98)