

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721618 (7)

1. Corporation Name

CHRISTIAN SCIENCE SOCIETY, LAKE WALES, FLORIDA, INC.



Principal Place of Business

123 E. CENTRAL AVE.
1550 BURNS AVE LOCATION ONLY
LAKE WALES FL 33853

Mailing Address

123 E. CENTRAL AVE.
1550 BURNS AVE LOCATION ONLY
LAKE WALES FL 33853

3. Date Incorporated or Qualified
08/31/1971

3a. Date of Last Report
04/21/1995

2. Principal Place of Business
21 **1550 Burns Ave.**

2a. Mailing Address
26 **P.O. Box 3927**

4. FEI Number
59-2299322

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip

Country

28 Zip **33859-**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIRLEY TIEDJENS
6 EASY STREET
LAKE WALES FL. 33853**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MITCHELL, MARGARET W.**
STREET ADDRESS **550 BURNS AVE N #27**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **VD** ☐ DELETE
NAME **TIEDJENS, SHIRLEY**
STREET ADDRESS **6 EASY STREET**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **D** ☐ DELETE
NAME **KOELLE, BETTY**
STREET ADDRESS **7 NIGHT OWL CIR**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **PD** ☐ DELETE
NAME **SMITH, ROBYN**
STREET ADDRESS **10511 MONROE CT.**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **SD** ☐ DELETE
NAME **WICKE, MARCELLA R**
STREET ADDRESS **308 STERLING DR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Lois Garrigus**
1.3 STREET ADDRESS **30 Saddlebag Tr. N.**
1.4 CITY-ST-ZIP **Lake Wales, FL 33853**

2.1 TITLE **T/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **C/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **S/D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **10728 Central Park Ave.**
5.4 CITY-ST-ZIP **New Port Richey, FL 34655**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: **Robyn Smith** *Robyn Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 1996 941-696-3124

Date

Daytime Phone

CR2E037 (12/95)