

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**
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State
24 Zip Country
25 Country
29 Zip **33859-3927** Country
30 Country

4. FEI Number: **59-2299322**
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent: **SHIRLEY TIEDJENS, 6 EASY STREET, LAKE WALES FL. 33853**
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: **FL**

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: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MITCHELL, MARGARET W.		1.2 NAME: Lois Garrigus	
STREET ADDRESS: 550 BURNS AVE N #27		1.3 STREET ADDRESS: 30 Saddlebag Tr. N.	
CITY-ST-ZIP: LAKE WALES FL		1.4 CITY-ST-ZIP: Lake Wales, FL 33853	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TIEDJENS, SHIRLEY		2.2 NAME:	
STREET ADDRESS: 6 EASY STREET		2.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKE WALES FL		2.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOELLE, BETTY		3.2 NAME:	
STREET ADDRESS: 7 NIGHT OWL CIR		3.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKE WALES FL		3.4 CITY-ST-ZIP:	
TITLE: PD	<input type="checkbox"/> DELETE	4.1 TITLE: S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH, ROBYN		4.2 NAME:	
STREET ADDRESS: 10511 MONROE CT.		4.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKE WALES FL		4.4 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WICKE, MARCELLA R		5.2 NAME:	
STREET ADDRESS: 308 STERLING DR		5.3 STREET ADDRESS: 10728 Central Park Ave.	
CITY-ST-ZIP: WINTER HAVEN FL		5.4 CITY-ST-ZIP: New Port Richey, FL 34655	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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)