

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 10 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 # 721618 (7)
1. Corporation Name
CHRISTIAN SCIENCE SOCIETY, LAKE WALES, FLORIDA, INC.



Principal Place of Business Mailing Address
**1550 BURNS AVE
LAKE WALES FL 33853
US** **P O BOX 3927
LAKE WALES FL 33859-3927
US**

3. Date Incorporated or Qualified **08/31/1971** 3a. Date of Last Report **03/21/1996**

21. Principal Place of Business 1550 Burns Ave	2a. Mailing Address P O BOX 3927	4. FEI Number 59-2299322	Applied For Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Lake Wales, FL	28. City & State Lake Wales, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33859-3927	25. Country Polk	29. Zip 33859-3927	30. Country Polk
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

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

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number Is Not Acceptable)	
B3	
B4 City	FL
B5 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIGUS, LOIS	1.2 NAME	
STREET ADDRESS	30 SADDLEBAG TR N	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input 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	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input 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	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input 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	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKE, MARCELLA R	5.2 NAME	Mary Tomlinson
STREET ADDRESS	10728 CENTRAL PARK AVE	5.3 STREET ADDRESS	7 Night Owl Cir
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	Lake Wales, FL 33853
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 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: *Robyn Smith* **ROBYN SMITH** 3/1/97 941-696-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054058

CR2E037 (9/96)