

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 # 728842 (6)

1. Corporation Name
THE FIRST CHURCH OF RELIGIOUS SCIENCE-SCIENCE OF MIND CENTER OF CAPE CORAL-FORT MYERS, FLORIDA.



Principal Place of Business
**406 S E 24TH AVENUE
CAPE CORAL FL 33990-1465**

Mailing Address
**406 S E 24TH AVENUE
CAPE CORAL FL 33990-1465**

3. Date Incorporated or Qualified **02/18/1974** 3a. Date of Last Report **04/27/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number 59-1497339	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	Country	29	Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHASE, LINDEN
1910 VIRGINIA AVE #303
FT. MYERS FL 33904**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGGE, ANTHONY	1.2 NAME	
STREET ADDRESS	1322 SE 40TH ST B-7	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NANCY	2.2 NAME	
STREET ADDRESS	1398 LINCOLN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUVOIS, SUSAN	3.2 NAME	LARRY JOHNSON
STREET ADDRESS	15467 CRYSTAL LAKE DR.	3.3 STREET ADDRESS	950 MCCOY RD
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	N. FT. MYERS FL 33903
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, PAM	4.2 NAME	BETH BRADMAN
STREET ADDRESS	18801 OLD BAYSHORE RD.	4.3 STREET ADDRESS	4215 SE 4th PL
CITY-ST-ZIP	N. FT. MYERS FL	4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACHERER, MARIJANE	5.2 NAME	
STREET ADDRESS	1016 S.E. 46TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, NEWELL	6.2 NAME	
STREET ADDRESS	1723 GOLF CLUB DR. #3	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	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: *[Signature]* 4/9/96 941-574-6463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)