

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728842 (6)**

1. Corporation Name  
**THE FIRST CHURCH OF RELIGIOUS SCIENCE, CENTER FOR POSITIVE LIVING OF LEE COUNTY, FLORIDA, INC.**



Principal Place of Business <b>406 S E 24TH AVENUE CAPE CORAL FL 33990-1465</b>	Mailing Address <b>406 S E 24TH AVENUE CAPE CORAL FL 33990-1465</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/18/1974</b>	3a. Date of Last Report <b>04/12/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <del>60-1407330</del> <b>65-0713025</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country	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		10. Name and Address of New Registered Agent	
<b>CHASE, LINDEN 1910 VIRGINIA AVE #303 FT. MYERS FL 33904</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 617.0603, 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEGGE, ANTHONY</b>	1.2 NAME	
STREET ADDRESS	<b>1322 SE 40TH ST B-7</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, NANCY</b>	2.2 NAME	<b>PAM Minton</b>
STREET ADDRESS	<del>1398 LINCOLN AVE.</del>	2.3 STREET ADDRESS	<b>18801 Old Bayshore Dr</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>N. FT. Myers, FL 33917</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARRY JOHNSON</b>	3.2 NAME	<b>Phyllis Wilson</b>
STREET ADDRESS	<b>650 MOODY RD.</b>	3.3 STREET ADDRESS	<b>4804 LEMACT</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	3.4 CITY-ST-ZIP	<b>N. FT. Myers, FL 33903</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETH BRADMAN</b>	4.2 NAME	
STREET ADDRESS	<b>4245 SE 4TH PL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHACHERER, MARJANE</b>	5.2 NAME	
STREET ADDRESS	<b>1018 S.E. 46TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATRINS, NEWELL</b>	6.2 NAME	
STREET ADDRESS	<b>1723 GOLF CLUB DR. #3</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	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: *Cathy [Signature]* **REQUIRED** (941) 574-6463  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058284

CR2E037 (9/96)