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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728842

1. Corporation Name

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/18/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0713025	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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				B1 Name B2 Street B3 B4 City			
				ELIZABETH M. SULLIVAN 5211 CORONADO PKY #102 CAPE CORAL, FL 33904-5691			
				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: Elizabeth M. Sullivan ELIZABETH M. SULLIVAN 4/26/99
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPIN, APRIL		1.2 NAME				
STREET ADDRESS	1165 PALM AVE, #C		1.3 STREET ADDRESS				
CITY-ST-ZIP	NFM FL 33903		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BART, MAHAN		2.2 NAME	STEVEN CALDWELL			
STREET ADDRESS	17181 CYPRESS CREEK DR		2.3 STREET ADDRESS	3230 SW 7TH AVE			
CITY-ST-ZIP	N F M FL 33917		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PHYLLIS		3.2 NAME				
STREET ADDRESS	4809 LEMACT		3.3 STREET ADDRESS				
CITY-ST-ZIP	N. FT. MYERS FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGALA, ELLYN		4.2 NAME				
STREET ADDRESS	5565 TRAILWINDS DR, #212		4.3 STREET ADDRESS				
CITY-ST-ZIP	FM FL 33908		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: April M. Pepin APRIL M. PEPIN 4/20/99. 1-941-850-2950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UD00242Z

CR2E037 (1/98)