

FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90005 042 \*\*\*\*61.25

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	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/18/1974	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0713025	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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		ELIZABETH M. SULLIVAN
				B3			5211 CORONADO PKY #102
				B4	City		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 DATE: 4/26/99

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	<del>VD</del>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>BART, MAHAN</del>			2.2 NAME	STEVEN CALDWELL		
STREET ADDRESS	<del>17181 CYPRESS CREEK DR</del>			2.3 STREET ADDRESS	3230 SW 7TH AVE		
CITY-ST-ZIP	<del>N F M FL 33917</del>			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 DATE: 4/20/99 1-941-850-2950

CR2E037 (1/98)