

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729228 (7)

1. Corporation Name

CHURCH OF CHRIST JESUS AND MARY BAKER EDDY CHRISTIAN SCIENCE, INC.



Principal Place of Business: 226 89TH STREET SURFSIDE FL 33154
Mailing Address: 226 89TH STREET SURFSIDE FL 33154

3. Date Incorporated or Qualified: 04/02/1974
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business: 21 1013 Hickory Dr. 22 Suite, Apt. #, etc. 23 Largo, FL 24 Zip 34640 25 Country Pinellas
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Largo, FL 29 Zip 30 Country

4. FEI Number: 59-2363898 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GRABLE, DOUGLAS LEE 5101 COLLINS AVE #12E MIAMI BEACH 33140

10. Name and Address of New Registered Agent: 81 Name: Virginia Corbin 82 Street Address (P.O. Box Number is Not Acceptable): 1013 Hickory Drive 83 City: Largo, FL 84 Zip Code: 34640

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: *Virginia Corbin* April 25, 1996
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: VD	GRABLE, DOUGLAS LEE 5101 COLLINS AVE #12E MIAMI BCH FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: 400001869394
TITLE: PD	HINSON, DONALD J. 646 NE 81 ST. MIAMI FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: ***\$1.25
TITLE: D	LARKIN, STANLEY C 893 NE 82ND ST MIAMI FL	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: LARKIN, STANLEY C 3.3 STREET ADDRESS: 8815 W CORNELL PLACE 3.4 CITY-ST-ZIP: LAKEWOOD, CO 80227
TITLE: D	RACICOT, MARGARET 18624 BOB-O-LINK MIAMI FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: SD	WAITE, GARI 811 NE 122 ST NO MIAMI FL	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: WAITE, GARI 5.3 STREET ADDRESS: 142 SAGEBRUSH STREET 5.4 CITY-ST-ZIP: GOLDEN, CO 80401
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 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 I were 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: *Stanley C. Larkin* 4/24/96 303-987-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Stanley C. Larkin, Director

CR2E037 (12/95)

6-20-96