

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 28 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 # 729228 (7)**  
 1. Corporation Name  
**CHURCH OF CHRIST JESUS AND MARY BAKER EDDY CHRISTIAN SCIENCE, INC.**

Principal Place of Business <b>1013 HICKORY DR. LARGO FL 34640</b>	Mailing Address <b>228 89TH ST. SURFSIDE FL 33154</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1000 Lake of The Woods Blvd</b>		2a. Mailing Address <b>26 P.O. Box 300962</b>		3. Date Incorporated or Qualified <b>04/02/1974</b>		3a. Date of Last Report <b>06/20/1996</b>	
22. Suite, Apt. #, etc. <b>Unit B-102</b>		27. Suite, Apt. #, etc.		4. FEI Number <b>59-2363898</b>		Applied For <input type="checkbox"/> Not Applicable	
23. City & State <b>Fern Park, FL</b>		28. City & State <b>Fern Park, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>32730</b>		25. Country <b>Seminole</b>		29. Zip <b>32730-0962</b>		30. Country <b>Seminole</b>	

9. Name and Address of Current Registered Agent <b>CORBIN, VIRGINIA 1013 HICKORY DR. LARGO FL 34640</b>				10. Name and Address of New Registered Agent			
81. Name <b>Mr. Douglas Lee Grable</b>				82. Street Address (P.O. Box Number is Not Acceptable) <b>1000 Lake of The Woods Blvd., Unit B-102</b>			
83.				84. City <b>Fern Park, FL</b>			
				85. Zip Code <b>32730</b>			

11. Pursuant to the provisions of Sections 617.002 and 617.003, 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 set forth in Section 617.003, Florida Statutes.

SIGNATURE *Douglas Lee Grable* **Vice President/Director** August 10, 1997  
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	<b>VD</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRABLE, DOUGLAS LEE</b>			1.2 NAME			
STREET ADDRESS	<b>5101 COLLINS AVE #12E</b>			1.3 STREET ADDRESS	<b>1000 Lake of The Woods Blvd., Unit B-102</b>		
CITY-ST-ZIP	<b>MIAMI BCH FL</b>			1.4 CITY-ST-ZIP	<b>Fern Park, FL 32730</b>		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HINSON, DONALD J.</b>			2.2 NAME			
STREET ADDRESS	<b>646 NE 81 ST.</b>			2.3 STREET ADDRESS	<b>4677 South Adobe Way</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			2.4 CITY-ST-ZIP	<b>Littleton, CO 80727</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LARKIN, STANLEY C</b>			3.2 NAME			
STREET ADDRESS	<b>8815 W. CORNELL PLACE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKEWOOD CO 80227</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RACICOT, MARGARET</b>			4.2 NAME			
STREET ADDRESS	<b>18624 BOB-O-LINK</b>			4.3 STREET ADDRESS	<b>811 W. Eastman Place, #5-204</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			4.4 CITY-ST-ZIP	<b>Lakewood, CO 80227</b>		
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WAITE, GARI</b>			5.2 NAME			
STREET ADDRESS	<b>142 SAGEBRUSH ST.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GOLDEN CO 80401</b>			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 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 REQUIRED

CR2E037 (4/97)