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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1000 LAKE OF THE WOODS BLVD UNIT B-102 FERN PARK FL 32730 US	Mailing Address P O BOX 300962 FERN PARK FL 32730-0962 US
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Denver, CO
24 Country	29 80227
25 Country	30 U. S.

3. Date Incorporated or Qualified 04/02/1974	
4. FEI Number 59-2363898	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GRABLE, DOUGLAS L
1000 LAKE OF THE WOODS BLVD
UNIT B-102
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> DELETE
NAME	GRABLE, DOUGLAS LEE
STREET ADDRESS	1000 LAKE OF THE WOODS BLVD, UNIT B-102
CITY-ST-ZIP	FERN PARK FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HINSON, DONALD J.
STREET ADDRESS	4877 SOUTH ADOBE WAY
CITY-ST-ZIP	LITTLETON CO
TITLE	D <input type="checkbox"/> DELETE
NAME	LARKIN, STANLEY C
STREET ADDRESS	8815 W. CORNELL PLACE
CITY-ST-ZIP	LAKEWOOD CO 80227
TITLE	D <input type="checkbox"/> DELETE
NAME	RACICOT, MARGARET
STREET ADDRESS	811 W EASTMAN PLACE, #5-204
CITY-ST-ZIP	LAKEWOOD CO
TITLE	SD <input type="checkbox"/> DELETE
NAME	WAITE, GARI
STREET ADDRESS	142 SAGEBRUSH ST.
CITY-ST-ZIP	GOLDEN CO 80401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Fern Park, FL 32730
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Littleton, CO 80127
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	8111 W. Eastman Place, #5-204
4.4 CITY-ST-ZIP	Lakewood, CO 80227
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Donald J. Hinson* **President/Director** April 14, 1995 (303) 989-9308

CR2E037 (10/97)