FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Apr 25, 1999 8:00 am
Secretary of State
04-25-1999 90033 035 ****61.25

0012932

DOCUMENT # **731274**

1. Corporation Name

CENTRAL FLORIDA CARE ASSOCIATON FOR CHRISTIAN SCIENTISTS, INC.

Principal Place of Business	Mailing Address
700 E WELCH ROAD APOPKA FL 32712-2921 US	700 E WELCH ROAD APOPKA FL 32712-2931 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/27/1974

4. FEI Number: 59-1923715 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SOMMER, JANE
213 PEPPERTREE COURT
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: Jean Leffler
82 Street Address (P.O. Box Number is Not Acceptable): 1210 N. Old Mill Drive
83
84 City: Deltona, FL 85 Zip Code: 32725

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINNER, JANE 303 FAIRWAY DRIVE SANFORD FL 32773	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Vice President Winner, Jane 303 Fairway Drive Sanford, FL 32773	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS POOLE, CHARLENE 3311 S COUNTRY CLUB DRIVE INVERNESS FL 34450	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President Laubscher, Judith 40 Interlaken Road Orlando, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Change - Board Member STEWART, RICHARD 417 N 3RD ST PALATKA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary Baughman, Dick 5781 Heathermere Lane Port Orange, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LEFFLER, JEAN 1210 N OLD MILL DRIVE DELTONA FL 32725	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Leffler, Jean 1210 N. Old Mill Drive Deltona, FL 32725	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOMMER, JANE 213 PEPPERTREE COURT LAKE MAY FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Assistant Treasurer Sommer, Jane 213 Peppertree Court Lake Mary, FL 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN DER LIKE, ROBERT N 4033 SE 3RD STREET OCALA FL 34471	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Board Member LaMendola, Ethel 119 Pine Needle Lane Altamonte Springs, FL 32714	☐ Change ☒ Addition

CR2E037_(11/98)

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, with all other like empowered.

SIGNATURE: JEAN A. LEFFLER **SIGNATURE REQUIRED** Jean Leffler 4/22/99 407 880-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #