

**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 # 732269 (6)

1. Corporation Name

FIRST CHURCH OF RELIGIOUS SCIENCE OF GREATER DAY TONA, INC.



Principal Place of Business: 428 TOMOKA AVE, ORMOND BEACH FL 32174  
Mailing Address: 428 TOMOKA AVE, ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 03/25/1975  
3a. Date of Last Report: 07/10/1995  
4. FEI Number: 59-3007016  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CARTER, R DAVID, 87 VALENCIA DR, ORMOND BCH, F L FL 32176

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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 agent 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	CRANE, DAVID	
STREET ADDRESS	505 RIVERSIDE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TTR	<input type="checkbox"/> DELETE
NAME	BAILEY, VIOLET	
STREET ADDRESS	1108 BAYVIEW LN	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	STR	<input checked="" type="checkbox"/> DELETE
NAME	MCCLAREN, BETH L	
STREET ADDRESS	3200 S.R. 40	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CARTER, R. DAVID	
STREET ADDRESS	87 VALENCIA DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRUCE, WILLIAM	
STREET ADDRESS	308 S SENECA BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, WINIFRED	
STREET ADDRESS	23 SILK OAKS	
CITY-ST-ZIP	ORMOND BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	YTR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOANNE MULLALEY	
1.3 STREET ADDRESS	212 RIVERBEND Rd	
1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOANNE P. MULLALEY, Treasurer Date: Daytime Phone #:

CR2E037 (12/95)