FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732269

(6)

FIRST CHURCH OF RELIGIOUS SCIENCE OF GREATER DAY

Principal Place of Business Mailing Address								
28 TOMOKA AV DRIMOND BEACI			428 TOMOKA AVE ORMOND BEACH FL 32174-6246			e, i		
						3. Date incorporated or Qualified 03/25/1975	3a. Date of Las 05/01/19	st Report 996
2. Principal (Place of Business	2a. Mailing /	Address		••••	4. FEI Number		Applied For
21	- <u></u>	26				59-3007016		Not Applicable
Suite, Apt	. #, etc.	Suite, Ar	it. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & Sta	ite	├ - ¬	City & State			6. Election Campaign Financing	Daving	00 May Be
23	Country	28		-		Trust Fund Contribution		led to Fees
Zip	Country Zip 29 30			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of					10. Name and Address of New Re		
				81	Name			
CARTER,	r david			62	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
87 VALENCIA DR				63				
ORMONE) BCH,F L FL 32176							
				84	City		FL 85 2	Zip Code
						poration submits this statement for the p		
agent. I	am familiar with, and accept the	ne obligations of, Section	617.0503, Florida Sta	utes	y ine corpora s.	tion's board of directors. I hereby accep	a the appointment	as registered
SIGNATURE								
	Signature, typed or printed name of reg			d Age	ent signature requi	red when reinstating)	DATE DIDECT	705010140
12. TITLE	~ 	ERS AND DIRECTORS	13. DELETE 1.1 TI	T) C	DI	ADDITIONS/CHANGES TO OFFIC	Chan	
	PT CDANE DAVID	,	1.2 N		Pa	aula Barnett	C Chan	ne Farmonne
NAME STREET ADDRESS	CRANE, DAVID 505 RIVERSIDE DRIVE				ADDRESS S	ss Windwood Dr		
CITY-ST-ZIP	ORMOND BEACH FL				1		27 13M	
TITLE	TTR		1.4 C		F-1	PLean Springs PZ	Chan	ge Addition
NAME	BAILEY, VIOLET	<u> </u>	2.2 N		Š	panne Mulaley 12 Riverboad Ed		• • •
STREET ADDRESS					ADDRESS 2	2 Riverboad Cel		
CITY-ST-ZIP	PORT ORANGE FL		f		ST-ZIP	council Bch PL 32	ロプロ	
TITLE	TTR		DELETE 3.1 TI			The same of the sa	☐ Chan	ge Addition
NAME	JOANNE MULLALEY		3.2 N	AME	1	•		
STREET ADDRESS			3.3 S	REFT	ADDRESS	-1		
CHTY-ST-ZIP	ORMOND BEACH FL		34.0	ПҮ-9	ST-ZIP			
TITLE	TR	7	DELETE 4.1 TI	_			☐ Chan	ge Addition
NAME	CARTER, R. DAVID	•	4. 2 N	AME	ĺ			!
STREET ADDRESS	AT LIFE CALOUE DOOR		4.3 S	TABET	ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		4.4 C	TY-\$	ST-ZIP			
TITLE	٧ī	L	DELETE 5.1 TO				Chan	ge 🔲 Addition
NAME	BRUCE, WILLIAM		5.2 N	AME				
STREET ADDRESS	1		5.3 S	REET	ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			TY-S	ST-ZIP			
TITLE	T	7	DELETE 6.1 TI	TLE			Chan	ge Addition
NAME	BROWN, WINIFRED		6.2 N	AME				
STREET ADDRESS			6.3 S	TREET	ADDRESS			

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.