

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 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 # 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
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3. Date Incorporated or Qualified 03/25/1975	
4. FEI Number 59-3007016	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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PT	NAME BARHETT, PAULA	STREET ADDRESS 555 WINDWOOD DR	CITY-ST-ZIP DELEON SPRINGS FL	<input type="checkbox"/> DELETE
TITLE TTR	NAME JOANNE MULLALEY	STREET ADDRESS 212 RIVERBEND RD	CITY-ST-ZIP ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE VT	NAME BRUCE, WILLIAM	STREET ADDRESS 308 S SENECA BLVD	CITY-ST-ZIP DAYTONA BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE TTR	NAME Tom Gianulli	STREET ADDRESS 21 Cherokee Tr	CITY-ST-ZIP Ormond Bch FL 32174	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Tom Gianulli	
1.3 STREET ADDRESS 21 Cherokee Tr	
1.4 CITY-ST-ZIP Ormond Bch FL 32174	
2.1 TITLE Ann Jacobs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Ann Jacobs	
2.3 STREET ADDRESS 4 Creeksbridge Ct	
2.4 CITY-ST-ZIP Ormond Bch FL 32174	
3.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Paula Barnett	
3.3 STREET ADDRESS 17 Birchwood Tr	
3.4 CITY-ST-ZIP Ormond Bch, FL 32174	
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 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: _____ 5/1/98 676-1324

CR2E037 (10/97)