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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 732269

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/25/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-3007016

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

25 Volusia

28 Zip

Country

30 Volusia

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 *Glo Hoef*
 82 Street Address (P.O. Box Number is Not Acceptable) *78 N. Ridgewood Ave*
 83
 84 City *Ormond Beach* FL 85 Zip Code *32174*

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

[Signature]

2-20-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T DELETE
 NAME GLARVILLE, TOM
 STREET ADDRESS 210 CHEROKEE TR
 CITY-ST-ZIP ORMOND BEACH FL 32174

1.1 TITLE Change Addition
 1.2 NAME *T Mullaley Steye*
 1.3 STREET ADDRESS *212 Riverbend Road*
 1.4 CITY-ST-ZIP *Ormond Beach, Fl. 32174*

VT DELETE
 NAME JACOBS, ANN
 STREET ADDRESS 4 CREEKSBRIDGE CT
 CITY-ST-ZIP ORMOND BEACH FL 32174

2.1 TITLE Change Addition
 2.2 NAME *Kelly John*
 2.3 STREET ADDRESS *2900 S. Peninsula Dr.*
 2.4 CITY-ST-ZIP *Daytona Beach, Fl. 32118*

PT DELETE
 NAME BARNETT, PAULA
 STREET ADDRESS 17 BIRCHWOOD TR
 CITY-ST-ZIP ORMOND BEACH FL 32174

3.1 TITLE Change Addition
 3.2 NAME *Wacker DORA*
 3.3 STREET ADDRESS *170 Limewood Pl. #1*
 3.4 CITY-ST-ZIP *Ormond Beach, Fl. 32174*

DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *2-20-99* (904) Daytime Phone #: *672-6382*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)