FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Sandra B. Morthar

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

735176

(0)

FIRST CHURCH OF CHRIST, SCIENTIST, LAKE WORTH, F LORIDA

Principal Place of Business Mailing Address

918 N LAKESIDE DR
LAKE WORTH FL 33460-7202 LAKE WORTH FL 33460
US

FILED Feb 04 1998 8:00am Secretary of State



Applied For

03/08/1976 4. FEI Number

								59-1935579	1	Not Applicable	
<u></u>	face of Business	2a.	2a. Mailing Address					5. Certificate of Status Desired	\$8.75	Additional	
21	26							G. Corinicate of Calds Sesiled	Fee I	Required	
	Suite, Apt. #, etc. Suite, Apt. #,			•				6. Election Campaign Financing	\$5.00	Мау Ве	
22			27					Trust Fund Contribution	Added	to Fees	
City & State			City & State					7. Is this nonprofit corporation a homeow		ion?	
23		_					∐ Yes				
Zip	Country	$\overline{}$	Z ip	\vdash	ountry	,		8. This corporation owes or has paid the		<u>. </u>	
24	25	29		30				Personal Property Tax due June 30.		M No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent 81 Name					
						or warse					
Kramer, R. K.					82 Street Address (P.O. Box Number is Not Acceptable)						
1514 SHIRLEY COURT											
LAKE WORTH FL 33461					83						
					84	City	85 Zip Code				
									- <u> </u>		
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 hoth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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, typed or printed name of registered age					nt signatur	beriuper e	when reinstating) DAT	_		
12.	OFFICERS AN	D DIREC		13			ı	ADDITIONS/CHANGES TO OFFICERS			
TITLE	CD		L_ DELETE		TITLE				Change Change	■ Addition	
NAME	HANDMACHER, PEGGY			1.2	NAME		178	Arbor Lake Drive			
STREET ADDRESS								m Springs, Fl 33461			
CITY-ST-ZIP					4 GI 1 - 51 - 21F						
TITLE	D		☐ DELETE	2.1	TITLE				Change	Addition	
NAME	POTTER, DORIS			2.2	NAME		1				
STREET ADDRESS	415 DATE PALM DR,			2.3	STREET	ADDRES\$		R.			
CITY-ST-ZIP					2, 4 City-St-ZiP		1				
TITLE	D DELETE :				0.1 11164		D		Change	Addition	
NAME	SNOW, ROBERT R.				U.E NAME			athryn Herwig			
STREET ADDRESS	4564 GROVE ST				0.0 Officer / Duricoo			60 Caribe Court			
CITY-ST-ZIP	WEST PALM BCH FL			3.4	. CITY-S	T-ZIP	W∈	est Palm Beach, Fl 3341	3		
TITLE	D		☐ DELETE	4.1	TITLE				Change	Addition	
NAME	LAATZ, MARIAN C.			4.2	NAME						
STREET ADDRESS	120 S ""K" ST			4.3	STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL			4.4	CITY-ST	ſ-ZIP				Ī	
TITLE	D		☐ DELETE	_	TITLE		ļ		Change	Addition	
NAME	MEHTALAA, MILLICENT			5.2	NAME						
STREET ADDRESS	149 LAKE ARBOR DRIVE			5.3	STREET	ADDRESS]				
CITY-ST-ZIP	PALM SPRINGS FL			1	CITY-ST						
TITLE	S		DELETE	_	TITLE		S.		Change	Addition	
NAME	SNOW, JIMMA		/		NAME		1		~ "		
STREET ADDRESS	4564 GROVE STREET					ADDRESS		nette Pennell			
						770	2/8	9 Florida-Mango Rd #11	7		
14. I hereby certify that the information supplied with this filling does not qualify for the exemp							Hake ed in Se	ection 119.07(3)(0. Florida Statutes I further	certify that th	e 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 it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the morrisation of the same legal effect as it made under the same legal effect as i											

• I hereby certify that the information supplied with this filling does not quality 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: Wountetter Definitelly

1-9-98