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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 735176

1. Corporation Name

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

Principal Place of Business

918 N LAKESIDE DR
LAKE WORTH FL 33460-7202
US

Mailing Address

918 N LAKESIDE DR
LAKE WORTH FL 33460
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/08/1976

4. FEI Number

59-1935579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KRAMER, R. K.
1514 SHIRLEY COURT
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE CD
NAME HANDMACHER, PEGGY
STREET ADDRESS 178 ARBOR LAKE DRIVE
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE D
NAME POTTER, DORIS
STREET ADDRESS 415 DATE PALM DR,
CITY-ST-ZIP LAKE WORTH FL

TITLE D
NAME HERWIG, KATHRYN
STREET ADDRESS 160 CARIBE COURT
CITY-ST-ZIP WEST PALM BCH FL 33413

TITLE D
NAME LAATZ, MARIAN C.
STREET ADDRESS 120 S "K" ST
CITY-ST-ZIP LAKE WORTH FL

TITLE D
NAME MEHTALAA, MILLICENT
STREET ADDRESS 149 LAKE ARBOR DRIVE
CITY-ST-ZIP PALM SPRINGS FL

TITLE S
NAME PENNELL, WAYNETTE
STREET ADDRESS 2789 FLORIA-MANGO RD, #117
CITY-ST-ZIP LAKE WORTH FL 33461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME DORIS POTTER
2.3 STREET ADDRESS 415 DATE PALM DR
2.4 CITY-ST-ZIP LAKE WORTH, FL 33460

3.1 TITLE CD
3.2 NAME WILLIAM MELDRUM
3.3 STREET ADDRESS 2602 DUKE COURT
3.4 CITY-ST-ZIP LAKE WORTH, FL 33460

4.1 TITLE D
4.2 NAME RUTH HOWARD
4.3 STREET ADDRESS 2540 BOUND BROOK BLVD.
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406

5.1 TITLE D
5.2 NAME BETSEY BERGLUND
5.3 STREET ADDRESS 328 CEDAR KEY CIRCLE
5.4 CITY-ST-ZIP ATLANTIS, FL 33462

6.1 TITLE SD
6.2 NAME PEGGY HANDMACHER
6.3 STREET ADDRESS 178 LAKE ARBOR DRIVE
6.4 CITY-ST-ZIP PALM SPRINGS, FL 33461

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: Peggy Handmacher SIGNATURE REQUIRED: Peggy Handmacher 4/15/99 (561) 585-3878
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)