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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:31

DOCUMENT # 735996 (1)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, FORT WALTON BEACH, FLORIDA, INC.

Principal Place of Business	Mailing Address
45 FIRST STREET P.O. BOX 785 FT. WALTON BCH FL 32549	45 FIRST STREET P.O. BOX 785 FT. WALTON BCH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1976
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1693592 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

LESTER, DAVID
23 NEPTUNE
MARY ESTHER FL 32569

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RYAN, NANCY
STREET ADDRESS	207 DOMINICA WAY
CITY-ST-ZIP	NICEVILLE FL
TITLE	D
NAME	SMITH, AMY
STREET ADDRESS	175 KEL-WEN CIR
CITY-ST-ZIP	DESTIN FL
TITLE	D
NAME	DAWE, G. L
STREET ADDRESS	353 SAILFISH ST
CITY-ST-ZIP	DESTIN FL
TITLE	DT
NAME	LESTER, DAVID
STREET ADDRESS	23 NEPTUNE
CITY-ST-ZIP	MARY ESTHER FL
TITLE	D
NAME	EVANS, PATRICIA
STREET ADDRESS	321 HOLMES BLVD
CITY-ST-ZIP	FT. WALTON BCH FL
TITLE	S
NAME	DAWE, JOAN
STREET ADDRESS	353 SAILFISH ST
CITY-ST-ZIP	DESTIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	JOHNSON, LINDA	
1.3 STREET ADDRESS	111-C OAK DR.	
1.4 CITY-ST-ZIP	EGLIN AFB FL 32542	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David W. Lester DAVID W. LESTER 1/24/95 (904) 581-5735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071003