

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735996 (1)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, FORT WALTON B
EACH, FLORIDA, INC.

Principal Place of Business

45 FIRST STREET
P.O. BOX 785
FT. WALTON BCH FL 32549

Mailing Address

45 FIRST STREET
P.O. BOX 785
FT. WALTON BCH FL 32549



3. Date Incorporated or Qualified
06/02/1976

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESTER, DAVID
23 NEPTUNE
MARY ESTHER FL 32569

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

David W. Lester

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

(NOTE: Registered Agent signature required when reinstating)

2/21/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JOHNSON, LINDA
STREET ADDRESS 111-C OAK DRIVE
CITY- ST- ZIP EGLIN AFB FL ☐ DELETE

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

TITLE D
NAME SMITH, AMY
STREET ADDRESS 175 KEL-WEN CIR
CITY- ST- ZIP DESTIN FL ☒ DELETE

2.1 TITLE D
2.2 NAME KEITH, ALEX
2.3 STREET ADDRESS 708 POWELL
2.4 CITY- ST- ZIP FT WALTON BEACH FL 32547 ☐ Change ☒ Addition

TITLE D
NAME DAWE, G. L
STREET ADDRESS 353 SAILFISH ST
CITY- ST- ZIP DESTIN FL ☒ DELETE

3.1 TITLE D
3.2 NAME KIRKLAND, JEANINE
3.3 STREET ADDRESS 318 LANG RD
3.4 CITY- ST- ZIP FT WALTON BCH FL 32548 ☐ Change ☐ Addition

TITLE DT
NAME LESTER, DAVID
STREET ADDRESS 23 NEPTUNE
CITY- ST- ZIP MARY ESTHER FL ☐ DELETE

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

TITLE D
NAME EVANS, PATRICIA
STREET ADDRESS 321 HOLMES BLVD
CITY- ST- ZIP FT. WALTON BCH FL ☐ DELETE

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

TITLE S
NAME DAWE, JOAN
STREET ADDRESS 353 SAILFISH ST
CITY- ST- ZIP DESTIN FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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)(k), 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, DIRECTOR 2/21/96 (904) 581-5735

CR2E037 (12/95)