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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32549-0785**

3. Date Incorporated or Qualified
06/02/1976

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1693592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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

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

TITLE **D** ☐ DELETE
NAME **KEITH, LAEX**
STREET ADDRESS **706 POWELL**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **D** ☐ DELETE
NAME **KIRKLAND, JEANINE**
STREET ADDRESS **318 LANG ROAD**
CITY-ST-ZIP **FT. WALTON BEACH FL**

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

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

TITLE **S** ☐ DELETE
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 **T**
4.3 STREET ADDRESS **LESTER, DAVID**
4.4 CITY-ST-ZIP **23 NEPTUNE**
MARY ESTHER FL

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 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: *[Signature]*

1/15/97 (904) 581-5335

CR2E037 (9/96)