FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra Bemortisana

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(1)

Feb 09 1998 8:00am Secretary of State

FILED

FIRST CHURCH OF CHRIST, SCIENTIST, FORT WALTON B EACH, FLORIDA, INC.]
Principal Plac	e of Business	Mailing Address		F 1981/10 198053 LITTUR BOLLO 1981/0 1881/0 87/14 DEBA	S BIBAL ONDLE BEDÄT DIØTE ØEDE SOOF
45 FIRST STREET P.O. BOX 785 FT. WALTON BCH FL 32549 45 FIRST STREET P.O. BOX 785 FT. WALTON BCH FL 32549 FT. WALTON BCH FL 32549)	 3. Date Incorporated or Qualified 06/02/1976 4. FEI Number 59-1693592 	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				Fee Required	
22 27			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State		City & State		7. Is this nonprofit corporation a homeow	
23	T. Onnete:	28		☐ Yes	□ No
Zip 24	Country	Zip 29	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
	9. Name and Address of C		30]	10. Name and Address of New Registers	
81 Name					
LESTER, DAVID 23 NEPTUNE NARY ESTHER FL 32569			83	Wayne, Ada Mae Address (P.O. Box Number is Not Acceptable) 113 Waynell Circle S	
. •			84 City	ct Walton Boach	85 Zip Code 32548
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 to philosopart of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinslating) DATE ADDITIONS/CHANGES TO DESICERS AND DIRECTORS IN 12					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE (Signature, typed or printed same of register	red agent and title if applicable. (NOTE:	Registered Agent signature	required when reinslating) DAT(2,/998
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	D	Change X Addition
NAME	JOHNSON, LINDA		1.2 NAME	-	
STREET ADDRESS	111-C OAK DRIVE		1.3 STREET ADDRESS	Kennedy, Marilyn 4005 Indian Trail Destin, FL	
CITY-ST-ZIP	EGLIN AFB FL	D proper	1.4 CITY-ST-ZIP	Destin, FL	N Obana
TITLE	D D	☐ DELETE	2.1 TITLE	D	Change Addition
NAME CTRECT ADDOCCC	KEITH, LAEX 708 POWELL		2.2 NAME	Keith, Alex	
STREET ADDRESS CITY-ST-ZIP	FT. WALTON BEACH FL.		2.3 STREET ADDRESS 2. 4 DITY-ST-ZIP	708 Powell Ft. Walton Beach, FL	
TITLE	D	DELETE	3.1 TITLE	FL. Walton Beach, FD	Change Addition
NAME	KIRKLAND, JEANINE		3.2 NAME		}
STREET ADDRESS	318 LANG ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		3.4. CITY-ST-ZIP		
TITLE	†	X DELETE	4.1 TITLE	T	☐ Change
NAME	LESTER, DAVID		4. 2 NAME	Wayne, Ada Mae	
STREET ADDRESS	23 NEPTUNE		4.3 STREET ADDRESS	113 Waynell Circle S	E
CITY-ST-ZIP	MARY ESTHER FL		4.4 CITY - ST - ZIP	Ft. Walton Beach, FL	
TITLE	D DATOMA	☐ DELETE	5.1 TITLE		Change Addition
NAME	EVANS, PATRICIA		5.2 NAME		
STREET ADDRESS	321 HOLMES BLVD		5.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE	FT. WALTON BCH FL	X) DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change K Addition
NAME	DAWE, JOAN	TO ALCELE	6.2 NAME	S Tahuanan Tinda	The second section of
STREET ADDRESS	353 SAILFISH ST		6.3 STREET ADDRESS	Johnson, Linda	
CITY-ST-ZIP	DESTIN FL		6.4 CITY-ST-ZIP	111-C Oak Drive	
14 I hasabu a	antifer that the information around	and with this filing does not swetch for	the eventation states	Eglin AFB, FL	portify that the information

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 informatio 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.