

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 735996

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

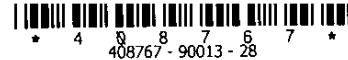
Mailing Address

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90013 055 *****61.25

04-25-1999 90013 056 *****8.75



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/02/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1693592

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAYNE, ADA MAE
113 WAYNELL CIRCLE SE
FORT WALTON BEACH FL 32548

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KENNEDY, MARILYN
STREET ADDRESS 4005 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL

☒ DELETE

1.1 TITLE D
1.2 NAME WEBER, FRANCES
1.3 STREET ADDRESS 4560 KNOLLWOOD LANE
1.4 CITY-ST-ZIP NICEVILLE, FLORIDA

☒ Change ☐ Addition

TITLE D
NAME KEITH, ALEX
STREET ADDRESS 708 POWELL
CITY-ST-ZIP FT. WALTON BEACH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME WAYNE, ADA MAE
STREET ADDRESS 113 WAYNELL CIRCLE SE
CITY-ST-ZIP FT. WALTON BEACH 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 D
5.2 NAME SHEPPARD, JEANNE
5.3 STREET ADDRESS ROUTE 1 BOX 65-S
5.4 CITY-ST-ZIP FREEPORT FLORIDA

☒ Change ☐ Addition

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

☒ DELETE

6.1 TITLE S
6.2 NAME MAYES, MEALEEN
6.3 STREET ADDRESS 346 OHIO AVE
6.4 CITY-ST-ZIP VALPRAISO FLORIDA

☐ Change ☐ Addition

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: *Ada Wayne* SIGNATURE REQUIRED *Resurser* 1-21-99 244-1518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

0079328