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Feb 07 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 # 754596 (5)

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, LONGWOOD, FLORIDA, INC.



Principal Place of Business Mailing Address
975 MARKHAM WOODS ROAD LONGWOOD FL 32779-9825
975 MARKHAM WOODS ROAD LONGWOOD FL 32779-2825

3. Date Incorporated or Qualified 10/13/1980
3a. Date of Last Report 03/07/1996

2. Principal Place of Business 2b. Mailing Address
21 1st Church of Christ Scientist 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 950 MARKHAM WOODS RD 27
City & State City & State
23 LONGWOOD FL 28
Zip Country Zip Country
24 32779 25 USA 29 30

4. FEI Number 59-2041282 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PALADINO, LINDA
310 RADEBAUGH DR.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name MARY ELLEN DUNAWAY
82 Street Address (P.O. Box Number is Not Acceptable) 601 FERNE DR
83
84 City LONGWOOD FL 85 Zip Code 32779

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 Mary Ellen Dunaway MARY ELLEN DUNAWAY 1-30-97
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	DCP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALADINO, LINDA	1.2 NAME	MARY ELLEN DUNAWAY
STREET ADDRESS	310 RADEBAUGH DR.	1.3 STREET ADDRESS	601 FERNE DR
CITY - ST - ZIP	LONGWOOD FL 32779	1.4 CITY - ST - ZIP	LONGWOOD FL 32779
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNER, GARY	2.2 NAME	
STREET ADDRESS	303 FAIRWAY RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL 32773	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLE, GARY	3.2 NAME	
STREET ADDRESS	7 TAPPAN ZEE LN.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTHROP, KAREN	4.2 NAME	Jean Williamson
STREET ADDRESS	321 PICKERING CT.	4.3 STREET ADDRESS	1415 Arborhouse CT
CITY - ST - ZIP	LONGWOOD FL 32779	4.4 CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSBACH, MARK	5.2 NAME	
STREET ADDRESS	581 GIRGHAM PL.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL 32748	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Mary Ellen Dunaway MARY ELLEN DUNAWAY 1-30-97 407-786-8844
Signature, typed or printed name of signing officer or director Date Division Phone & telex

CR2E037 (9/96)