


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754596 (5)**  
1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, LONGWOOD, FLORIDA, INC.**



Principal Place of Business <b>1ST CHURCH OF CHRIST 950 MARKHAM WOODS ROAD LONGWOOD FL 32779 US</b>	Mailing Address <b>1ST CHURCH OF CHRIST 950 MARKHAM WOODS ROAD LONGWOOD FL 32779 US</b>
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3. Date Incorporated or Qualified  
**10/13/1980**

4. FEI Number  
**59-2041282**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**DUNAWAY, MARY ELLEN  
601 FERNE DRIVE  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	<b>Same as #9</b>		
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 Mary Ellen Dunaway Mary Ellen Dunaway DATE **1-21-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	DUNAWAY, MARY ELLEN	
STREET ADDRESS	601 FERNE DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WINNER, GARY	
STREET ADDRESS	303 FAIRWAY RD.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUTTLE, GARY	
STREET ADDRESS	7 TAPPAN ZEE LN.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, JEAN	
STREET ADDRESS	1415 ARBORHOUSE COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANSBACH, MARK	
STREET ADDRESS	581 GIRGHAM PL.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>David Dunaway</b>
2.3 STREET ADDRESS	<b>1632 Pinewood Dr</b>
2.4 CITY-ST-ZIP	<b>Orlando FL 32804</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Sarae Morton</b>
3.3 STREET ADDRESS	<b>2503 Sweetwater Country Club Dr</b>
3.4 CITY-ST-ZIP	<b>Apopka FL 32703</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Jane Sommer</b>
5.3 STREET ADDRESS	<b>213 Peppertree Ct</b>
5.4 CITY-ST-ZIP	<b>Leke Mary FL 32746</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Mary Ellen Dunaway Mary Ellen Dunaway DATE **1-21-98** **407 7868844**

CR2E037 (10/97)