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Secretary of State

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1/20/99

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754596

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

Principal Place of Business 1ST CHURCH OF CHRIST 950 MARKHAM WOODS ROAD LONGWOOD FL 32779 US	Mailing Address 1ST CHURCH OF CHRIST 950 MARKHAM WOODS ROAD LONGWOOD FL 32779 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 975 Markham Woods Road Suite, Apt. #, etc.	26 975 Markham Woods Road Suite, Apt. #, etc.	10/13/1980
22 City & State	27 City & State	4. FEI Number 59-2041282
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	27 Country	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

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 Dunaway, David 82 Street Address (P.O. Box Number is Not Acceptable) 1632 Pinewood Drive 83 Orlando, FL 32804 84 City FL 85 Zip Code
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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]* DATE: 2/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	DCP
NAME	DUNAWAY, MARY ELLEN	1.2 NAME	Dunaway, David
STREET ADDRESS	601 FERNE DRIVE	1.3 STREET ADDRESS	1632 Pinewood Drive
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	VD	2.1 TITLE	VD
NAME	DUNAWAY, DAVID	2.2 NAME	Ruberti, Karen
STREET ADDRESS	1632 PINWOOD DR	2.3 STREET ADDRESS	1086 Edmiston Place
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	D	3.1 TITLE	
NAME	MORTON, SARAE	3.2 NAME	
STREET ADDRESS	2503 SWEETWATER COUNTRY CLUB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	WILLIAMSON, JEAN	4.2 NAME	Bumgardner, Sandra
STREET ADDRESS	1415 ARBORHOUSE COURT	4.3 STREET ADDRESS	1961 Washington Avenue
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	D	5.1 TITLE	
NAME	SOMMER, JANE	5.2 NAME	
STREET ADDRESS	213 PEPPERTREE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/1/99 DAYTIME PHONE #: 407-293-0724

CR2E037 (1/1/98)