

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:07

DOCUMENT # **758740** (5)  
1. Corporation Name  
**CHRISTIAN SCIENCE SOCIETY, MARGATE, FLORIDA, INC**

Principal Place of Business Mailing Address  
**603 MELALEUCA DRIVE MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/12/1981</b>	3a. Date of Last Report <b>01/27/1994</b>
4. FEI Number <b>59-1536665</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25	30

9. Name and Address of Current Registered Agent  
**HOFFMAN, HENRY  
805 MAPLE DR  
MARGATE FL 33063**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<b>DT</b>
NAME	<b>MARTIN, CHARLES</b>
STREET ADDRESS	<b>6231 SW 18TH CT</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>
TITLE	<b>D</b>
NAME	<b>WAINWRIGHT, ANN</b>
STREET ADDRESS	<b>11244 NW 16TH PL</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>GUNTER, ADELE</b>
STREET ADDRESS	<b>3224 NW 64TH ST</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>DS</b>
NAME	<b>RUTZ, RUTH</b>
STREET ADDRESS	<b>2410 E RIVER DR.</b>
CITY-ST-ZIP	<b>MARGATE FL</b>
TITLE	<b>D</b>
NAME	<b>WAINWRIGHT, EMMETT P</b>
STREET ADDRESS	<b>11244 NW 16TH PL</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>DC</b>
NAME	<b>HOFFMAN, HENRY</b>
STREET ADDRESS	<b>805 MAPLE DR</b>
CITY-ST-ZIP	<b>MARGATE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARTIN, CHARLES</b>
1.3 STREET ADDRESS	<b>900 W. ATLANTIC BLVD APT 621</b>
1.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>Person is deceased</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, give an alternate name with an address.

SIGNATURE: *Charles J. Martin* **CHARLES J. MARTIN** 1-15-95 305-345-2933  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #