

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

Mailing Address
**603 MELALEUCA DRIVE
MARGATE FL 33063**

3. Date Incorporated or Qualified
06/12/1981

3a. Date of Last Report
01/23/1995

4. FEI Number
59-1536665

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **29** **30**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when retitling.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	DTC
NAME	MARTIN, CHARLES	1.2 NAME	
STREET ADDRESS	9100 W ATLANTIC BLVD #621	1.3 STREET ADDRESS	9066 W. ATLANTIC BLVD # 434
CITY-ST-ZIP	CORAL SPGS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WAINWRIGHT, ANN	2.2 NAME	
STREET ADDRESS	11244 NW 16TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	RUTZ, RUTH	3.2 NAME	
STREET ADDRESS	2410 E RIVER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WAINWRIGHT, EMMETT P	4.2 NAME	
STREET ADDRESS	11244 NW 16TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	D
NAME	HOFFMAN, HENRY	5.2 NAME	
STREET ADDRESS	805 MAPLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, or on a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES J. MARTIN
3-2-96 **954-481-2304**
Date Daytime Phone #

CR2E037 (12/95)