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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 763304

1. Corporation Name THE CHRISTIAN SCIENCE SOCIETY OF BONITA SPRINGS, FLORIDA, INCORPORATED

Principal Place of Business 11551 EAST TERRY STREET BONITA SPRINGS FL 34135 US Mailing Address 11551 EAST TERRY STREET BONITA SPRINGS FL 34135 US



2. Principal Place of Business 21 11551 EAST TERRY STREET 22 Suite, Apt. #, etc. 23 BONITA SPRINGS, FLORIDA 34135 24 34135 25 USA 26 11551 EAST TERRY STREET 27 Suite, Apt. #, etc. 28 BONITA SPRINGS, FLORIDA 34135 29 34135 30 USA 3. Date incorporated or Qualified 05/14/1982 4. FEI Number 59-6564990 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

9. Name and Address of Current Registered Agent LURVEY, ROBERT 13710 SOUTHAMTON DRIVE BONITA SPRINGS FL 34135 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETED	1.1 TITLE	Change	Addition
NAME	STURM, PATRICIA		1.2 NAME		
STREET ADDRESS	12081 B E DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 CITY-ST-ZIP		
TITLE	DBC	DELETED	2.1 TITLE	Change	Addition
NAME	CARTWRIGHT, ELEANOR		2.2 NAME		
STREET ADDRESS	26900 WEDGEWOOD DRIVE #D401		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		2.4 CITY-ST-ZIP		
TITLE	D	DELETED	3.1 TITLE	Change	Addition
NAME	LURVEY, CHRISTINA		3.2 NAME		
STREET ADDRESS	13710 SOUTHAMPTON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		3.4 CITY-ST-ZIP		
TITLE	T	DELETED	4.1 TITLE	Change	Addition
NAME	LURVEY, ROBERT		4.2 NAME		
STREET ADDRESS	13710 SOUTHAMPTON DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		4.4 CITY-ST-ZIP		
TITLE		DELETED	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETED	6.1 TITLE	Change	Addition
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: Christina Lurvey (Signature) 1/11/99 Date 941-495-8576 Daytime Phone #

CR2E037 (11/98)