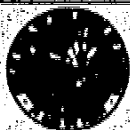


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N18497 (0)

1. Corporation Name

CHRISTIAN SCIENCE NURSING SERVICE OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**1126 NW. 11TH AVE.
GAINESVILLE FL 32601
US**

**1126 NW. 11TH AVE.
GAINESVILLE FL 32601
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2872272

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PREVATT, MYRON C., JR.
100 PREVATT BLDG.
KEYSTONE HEIGHTS FL 32856**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **MS EDITH GARNER**
STREET ADDRESS **5621 NW 25TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V**
NAME **DR. LINDA LAMME**
STREET ADDRESS **10254 SW 55TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T**
NAME **MR. LEVERETT FRANCIS**
STREET ADDRESS **RT 2, BOX 233 N/A**
CITY-ST-ZIP **KEYSTONE HTS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **MR RICHARD STEWART**
STREET ADDRESS **417 N. 3RD STREET**
CITY-ST-ZIP **PALATKA FL 32177**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **MS MOLLE GREER**
STREET ADDRESS **2431-2410 NW 41ST STREET**
CITY-ST-ZIP **GAINESVILLE FL 32606**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **MS BETTY GRAVELLY**
STREET ADDRESS **1492 AVONDALE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

6.1 TITLE ☐ Change ☐ 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 119.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

[Signature]

L. M. FRANCIS TRUST

14 APR 95 904 473 3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #