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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N18497 (0)

1. Corporation Name

CHRISTIAN SCIENCE NURSING SERVICE OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1126 N.W. 11TH AVE.  
GAINESVILLE FL 32601  
US

1126 N.W. 11TH AVE.  
GAINESVILLE FL 32601-4147  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PREVATT, MYRON C., JR.  
100 PREVATT BLDG.  
KEYSTONE HEIGHTS FL 32656

3. Date Incorporated or Qualified  
12/29/1986

3a. Date of Last Report  
02/15/1996

4. FEI Number

59-2872272

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

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

Yes No

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

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

TITLE V  
NAME DR. LINDA LAMME  
STREET ADDRESS 10254 SW 55TH LANE  
CITY-ST-ZIP GAINESVILLE FL 32608

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 5751 SE 55TH TERR  
3.4 CITY-ST-ZIP 32656

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)