

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:45

DOCUMENT # **N34160** (4)

1. Corporation Name

**FIRST CHURCH OF RELIGIOUS SCIENCE OF ORLANDO, FL
ORIDA, INC.**

Principal Place of Business

Mailing Address

709 EDGEWATER DR.
ORLANDO FL 32804
US

709 EDGEWATER DR
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/11/1989

3a. Date of Last Report

02/15/1994

4. FEI Number

59-1031400

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

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. 189.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

28

City & State

City & State

24

Country

29

Country

9. Name and Address of Current Registered Agent

HPPS, ELSIE A.
1214 S CRYSTAL LAKE DR
ORLANDO FL 32806

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 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

Donald E. Lotton Donald E. Lotton Treasurer 4/5/95

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZWIEFEL, GERI
STREET ADDRESS	615 DORADO AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	HPPS, ELSIE A.
STREET ADDRESS	1214 S CRYSTAL LAKE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	DS
NAME	SMITH, ETTA JEAN
STREET ADDRESS	1611 MIAMI RD
CITY-ST-ZIP	ORLANDO FL
TITLE	T
NAME	LOTTON, DONALD
STREET ADDRESS	4106 FLORALWOOD COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	DP
NAME	MUSSELWHITE, BONNIE
STREET ADDRESS	2810 PINE AVE
CITY-ST-ZIP	APOPKA FL
TITLE	D
NAME	EMANUEL, MARY
STREET ADDRESS	126 N SHADOW BAY DR
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Allen, Jeanne
3.3 STREET ADDRESS	732 Shady Lane
3.4 CITY-ST-ZIP	Orlando, FL
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	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Toler, Ruth
5.3 STREET ADDRESS	1870 King Arthur Circle
5.4 CITY-ST-ZIP	Maitland, FL
6.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Banks, Edidelsa
6.3 STREET ADDRESS	2699 Clearbrook Circle
6.4 CITY-ST-ZIP	Orlando, FL

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)(b), 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 in and out; 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: *Donald E. Lotton* Donald E. Lotton Treasurer 4/5/95 407-869-4332

Date

Daytime Phone #