

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 # **N34160** (4)

1. Corporation Name
FIRST CHURCH OF RELIGIOUS SCIENCE OF ORLANDO, FL ORIDA, INC.



Principal Place of Business: **709 EDGEWATER DR. ORLANDO FL 32804 US**
Mailing Address: **709 EDGEWATER DR ORLANDO FL 32804**

3. Date Incorporated or Qualified: **09/11/1989**
3a. Date of Last Report: **04/14/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZWIEFEL, GERI	
STREET ADDRESS	615 DORADO AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIPPS, ELSIE A.	
STREET ADDRESS	1214 S CRYSTAL LAKE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, JEANNE	
STREET ADDRESS	732 SHADY LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOTTON, DONALD	
STREET ADDRESS	4106 FLORALWOOD COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	TOLER, RUTH	
STREET ADDRESS	1870 KING ARTHUR CIRCLE	
CITY-ST-ZIP	MATLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BANKDS, EDIDELSA	
STREET ADDRESS	2699 CLEARBROOK CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Musselwhite, Dale	
1.3 STREET ADDRESS	2810 Pine Ave.,	
1.4 CITY-ST-ZIP	Apopka, FL 32703	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fisher, Rebecca	
2.3 STREET ADDRESS	775 Elwood St.,	
2.4 CITY-ST-ZIP	Orlando, FL 32804	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lotton, Donald	
3.3 STREET ADDRESS	4106 Floralwood Ct.,	
3.4 CITY-ST-ZIP	Orlando, FL 32812	
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Banks, Edidelsa	
4.3 STREET ADDRESS	2699 Clearbrook Cr.,	
4.4 CITY-ST-ZIP	Orlando, FL 32810	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 an attachment with an address.

SIGNATURE: *Donald E. Lotton*, Donald E. Lotton, Treasurer 2/8/96 (407) 423-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)