

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34160 (4)**  
1. Corporation Name  
**FIRST CHURCH OF RELIGIOUS SCIENCE OF ORLANDO, FL ORIDA, INC.**



Principal Place of Business <b>709 EDGEWATER DR. ORLANDO FL 32804 US</b>	Mailing Address <b>709 EDGEWATER DR ORLANDO FL 32804-6815</b>
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3. Date Incorporated or Qualified <b>09/11/1989</b>	3a. Date of Last Report <b>02/16/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-1031400</b> Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HIPPS, ELSIE A.  
1214 S CRYSTAL LAKE DR  
ORLANDO FL 32808**

10. Name and Address of New Registered Agent  
81 Name **Lani Wynne-Hampton**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**287 Falling Leaf Lane**  
83  
84 City **Casselberry** FL 85 Zip Code **32707**

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 *Rev. Lani Wynne-Hampton* **Rev. Lani Wynne-Hampton** February 12, 1997  
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 D NAME <b>ZWIEFEL, GERI</b> STREET ADDRESS <b>615 DORADO AVE ORLANDO FL</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
TITLE D NAME <b>HIPPS, ELSIE A.</b> STREET ADDRESS <b>1214 S CRYSTAL LAKE DR ORLANDO FL</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
TITLE DV NAME <b>MUSSELWHITE, DALE</b> STREET ADDRESS <b>2810 PINE AVE. APOPKA FL</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
TITLE DT NAME <b>LOTTON, DONALD</b> STREET ADDRESS <b>4106 FLORALWOOD COURT ORLANDO FL</b> CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE S NAME <b>FISHER, REBECCA</b> STREET ADDRESS <b>775 ELWOOD ST. ORLANDO FL</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
TITLE DP NAME <b>BANKDS, EDIDELSA</b> STREET ADDRESS <b>2699 CLEARBROOK CIRCLE ORLANDO FL</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P Tr 1.2 NAME <b>Toler, Ruth</b> 1.3 STREET ADDRESS <b>1870 King Arthur Circle Maitland, Fl 32751</b> 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE V Tr 2.2 NAME <b>Chambers, Mikal</b> 2.3 STREET ADDRESS <b>4515 Towerpine Road Orlando, Fl 32839</b> 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE Tr 3.2 NAME <b>Wynne-Hampton, Lani</b> 3.3 STREET ADDRESS <b>287 Falling Leaf Lane Casselberry, Fl 32707</b> 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE T Tr 4.2 NAME <b>Lotton, Donald</b> 4.3 STREET ADDRESS <b>4106 Floralwood Court Orlando, Fl 32812</b> 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE S Tr 5.2 NAME <b>William, Murray</b> 5.3 STREET ADDRESS <b>6677 Stardust Lane Orlando, Fl 32818</b> 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE Tr 6.2 NAME <b>Tr</b> 6.3 STREET ADDRESS <b>Tr</b> 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.  
**Donald E. Lotton** February 12, 1997 (407)423-5571

SIGNATURE: *Donald E. Lotton* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0016428**

CR2E037 (9/96)