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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 709 EDGEWATER DR. ORLANDO FL 32804 US	Mailing Address 709 EDGEWATER DR ORLANDO FL 32804
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3. Date Incorporated or Qualified 09/11/1989	
4. FEI Number 59-1031400	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HAMPTON, LANI WYNNE
 287 FALLING LEAF LN
 CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name WYNNE-HAMPTON, LANI	
82 Street Address (P.O. Box Number is Not Acceptable) 4207 WILLOW PARK DRIVE	
83 ORLANDO,	
84 City ORLANDO	85 Zip Code FL 32835

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: *Lani Wynne Hampton* **REV. LANI WYNNE-HAMPTON** DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PT	<input checked="" type="checkbox"/> DELETE
NAME TOLER, RUTH	
STREET ADDRESS 1870 KING ARTHUR CR	
CITY-ST-ZIP MAITLAND FL	
TITLE VT	<input type="checkbox"/> DELETE
NAME CHAMBERS, MIKAL	
STREET ADDRESS 4515 TOWERPINE RD	
CITY-ST-ZIP ORLANDO FL	
TITLE T	<input type="checkbox"/> DELETE
NAME WYNNE-HAMPTON, LANI	
STREET ADDRESS 287 FALLING LEAF LN	
CITY-ST-ZIP CASSELBERRY FL	
TITLE T	<input type="checkbox"/> DELETE
NAME LOTTON, DONALD	
STREET ADDRESS 4106 FLORALWOOD COURT	
CITY-ST-ZIP ORLANDO FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME WILLIAM, MURRAY	
STREET ADDRESS 6677 STARDUST LN	
CITY-ST-ZIP ORLANDO FL	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME SZELL, ROSS	
1.3 STREET ADDRESS 1611 GROVE STREET	
1.4 CITY-ST-ZIP MAITLAND, FL 32751	
2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME CHAMBERS, MIKAL	
2.3 STREET ADDRESS 4515 TOWERPINE RD	
2.4 CITY-ST-ZIP ORLANDO, FL. 32837	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME WYNNE-HAMPTON, LANI	
3.3 STREET ADDRESS 4207 WILLOW PARK DRIVE	
3.4 CITY-ST-ZIP ORLANDO, FL 32835	
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 D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME MURRAY, WILLIAM	
5.3 STREET ADDRESS 6677 STARDUST LN	
5.4 CITY-ST-ZIP ORLANDO, FL. 32818	
6.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME SEYKORA, MARGARET	
6.3 STREET ADDRESS 200 MAITLAND AVE APT 191	
6.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701	

14. I 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: *Donald E. Lotton* **DONALD E. LOTTON** Date: **4/5/98** Daytime Phone: **(407) 423-5571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)