


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90017 035 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34160**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/11/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1031400
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WYNNE-HAMPTON, LANI 4207 WILLOW PARK DRIVE ORLANDO FL 32835		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 checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SZELL, ROSS	1.2 NAME	BILLINGS, DELANE
STREET ADDRESS	1611 GROVE STREET	1.3 STREET ADDRESS	7943 COOY STREET
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, MIKAL	2.2 NAME	MACLEOD, MARGARITA
STREET ADDRESS	4515-TOWERPINE RD.	2.3 STREET ADDRESS	8693 LALISTA COURT
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	ORLANDO FL 32825
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	WYNNE-HAMPTON, LANI	3.2 NAME	
STREET ADDRESS	4207 WILLOW PARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	LOTTON, DONALD	4.2 NAME	
STREET ADDRESS	4106 FLORALWOOD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, MURRAY	5.2 NAME	
STREET ADDRESS	6677 STARDUST LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYKORA, MARGARET	6.2 NAME	
STREET ADDRESS	200 MAITLAND AVE., APT 191	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Donald G. Lotton REDONALDIFLOTTON 3/31/99 407.869.4332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)