## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



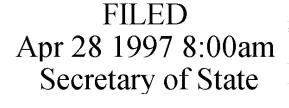
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE CHRISTIAN SCIENCE ASSOCIATION OF THE STUDENT S OF SUZANNE M. COWIN-MILLER, C.S.B., INC.





00.	SOLITIME III. SOTTIMITE	211, 0.0.0., 1110.							
Principal Place of Business Mailing Address						- FROBILION BIL DIDDI ANDE DEFOLITORE	ibi didil bi	ALI DIBIL DIO	11 B)B16 B1B11 3001
1515 N. FEDER SUITE 300 BOCA RATON		1515 N. FEDERAL HWY. SUITE 300 BOCA RATON FL 33432-1							
						3. Date Incorporated or Qualified 10/07/1991	<b>3a.</b> Da	ate of Las 02/29/	t Report <b>1996</b>
2. Principal F	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0266265	Applied For Not Applicable		
Suite, Apt.	#. elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip	Country	Zip	Coun	try		8. This corporation has liability for i	-=		
24	25 29 30		30	Florid		Florida Statutes	Yes No		
	9. Name and Address of Curr	ent Registered Agent		. T		10. Name and Address of New Re	platered	Agent	
001471			18	31	Name				
1515 N.	MILLER, SUZANNE M FEDERAL HWY.		8	32	Street Addre	odress (P.O. Box Number is Not Acceptable)			
SUITE 3			8	33					
	MATON FL 33432			34	•		FL	.	ip Code
11. Pursuant office or agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Sta tm familiar with, and accept the obli	502 and 617.1508, Florida Statu le of Florida. Such change was gations of, Section 617.0503, F	utes, the abo authorized forida Statu	by tes	-named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of t the app	changin ointment	g its registered as registered
SIGNATURE									
12,	Signature typed or printed name of registered a	gent and little if applicable (NC NO DIRECTORS		Agen	nt signature require	ed when reinstaling)	DATE	CIDEOT	
TITLE	D OFFICENS A	DELETE	13.	<u> </u>	Т	ADDITIONS/CHANGES TO OFFIC	EHS ANL	Chang	
NAME	COWIN-MILLER, SUZANNE I	_	1.2 NAM			OWIN, SUZANNE M		Carl Orlang	Jo La Addition
STREET ADDRESS	1515 N. FEDERAL HWY., SI				ADDRESS	ONIN, SUZRANE N	٠.		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY						
TITLE	T	DELETE	2.1 TITL					Chang	ge Addition
NAME	RATTRAY, RENEE		2.2 NAM	IE		1 Chil Falls Inc		Ţ.	
STREET ADDRESS	849 WHITNEY AVE.		2.3 STRE	EET A	ADDRESS 2	1 SW 5THWAY BOCA RATON, FL	4		
CITY-\$T-ZIP	HAMDEN CT 06517	DEFETE	2. 4 CIT		T-ZIP	SOCA RATON, H	3343		
TITLE NAME	D New, Laurel A	☐ DELETE	3.1 TO L					∐ Chang	ge [ Addition
STREET ADDRESS	8465 HAMDEN RD.		3.2 N M		ADDRESS				1
CITY-ST-ZIP	JACKSONVILLE FL 32244		3.4. C.IX						
TITLE	D	DELETE	4.11	_	1-211			☐ Chang	æ 🔲 Addition
NAME	CHABONAIS, ALISON		4.2	ΛE					
STREET ADDRESS	10675 JOLEN AVE.		4.3 S	EE1 #	ADORESS				
CITY-ST-ZIP	BONITA SPRINGS FL 33923		4.4 C Y	- \$1	- ZIP				
TITLE		☐ DELETE	5 1 TI L	E				Chang	ge 🔲 Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITL		- ZIP		*****	Chang	no Addition
NAME		LJ OLLCIL	6.1 HILL						ge [] Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CITY		l				
	by partity that the information appet	ad with this filling does not out				in Postion 110 07/0V/). Flexide Otal des			

too nereby 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.