

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90042 012 ****61.25

0047419

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N97000005048

1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST, DELRAY BEACH,
FLORIDA, INC.**

Principal Place of Business

200 S.E. 7TH AVENUE
DELRAY BEACH FL 33483

Mailing Address

200 S.E. 7TH AVENUE
DELRAY BEACH FL 33483



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/08/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0911445
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	30

9. Name and Address of Current Registered Agent

**GIORDANO, IRENE
60 VENETIAN DR. #N303
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Jean S. Harris (D)
NAME	GIORDANO, IRENE	1.2 NAME	1402 SW 27th Avenue
STREET ADDRESS	60 VENETIAN DR. #N303	1.3 STREET ADDRESS	Boynton Beach, FL 33426-8045
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	FOY, KATHLEEN	2.2 NAME	
STREET ADDRESS	1250 E. LANCEWOOD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	BERRIE, CAROLE	3.2 NAME	
STREET ADDRESS	6928 KINGSTON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	PITMAN, VIRGINIA	4.2 NAME	
STREET ADDRESS	3997 N.W. 7TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DALE, MADELINE	5.2 NAME	
STREET ADDRESS	220 MACFARLANE DR. #706S	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Signature of Irene Giordano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-6-99 Daytime Phone # 561-276-6122

CR2E037 (11/98)