

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005462 (3)**  
1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST, AVENTURA, FLO  
RIDA, INC.**



Principal Place of Business <b>772 NW 72 TERRACE MIAMI FL 33138</b>	Mailing Address <b>PO BOX 260565 PEMBROKE PINES FL 33028</b>
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3. Date Incorporated or Qualified <b>09/25/1997</b>
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4. FEI Number <b>65-0784010</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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
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9. Name and Address of Current Registered Agent	
<b>EMO CORPORATE SERVICES, INC. 100 NE THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VAN WIE, STEVEN O</b>	1.2 NAME	<b>Ed Gottlieb</b>
STREET ADDRESS	<b>5950 DEL LAGO CIRCLE APT 314</b>	1.3 STREET ADDRESS	<b>772 NW 72 Terrace</b>
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33138</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BINI, NORENE</b>	2.2 NAME	<b>Patricia Grattan</b>
STREET ADDRESS	<b>1770 NE 191 STREET APT 417</b>	2.3 STREET ADDRESS	<b>3800 S. Flamingo Road</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	2.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33330</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARKE-LAWRENCE, RHODA</b>	3.2 NAME	<b>Meg Siung</b>
STREET ADDRESS	<b>6207 NW 190 TERRACE</b>	3.3 STREET ADDRESS	<b>736 NE 92 Street</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	3.4 CITY-ST-ZIP	<b>Miami Shores, FL 33128</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOROWITZ, PHYLLIS</b>	4.2 NAME	<b>Margaret Harris</b>
STREET ADDRESS	<b>800 THREE ISLANDS BLVD APT 901</b>	4.3 STREET ADDRESS	<b>2049 S. Ocean Dr. #1201-E</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	4.4 CITY-ST-ZIP	<b>Hallandale, FL 33009</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARROSA, DELFINO</b>	5.2 NAME	
STREET ADDRESS	<b>11721 NW 5 AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNEAL, JEAN</b>	6.2 NAME	
STREET ADDRESS	<b>3800 S FLAMINGO ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33330</b>	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.

SIGNATURE: *Patricia Grattan* 4/28/98 (954) 473-0167

CR2E037 (10/97)