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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90086 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005462

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, AVENTURA, FLO RIDA, INC.

Principal Place of Business 772 NW 72 TERRACE MIAMI FL 33138	Mailing Address PO BOX 260565 PEMBROKE PINES FL 33026
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/25/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0784010
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent EMO CORPORATE SERVICES, INC. 100 NE THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301	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
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WIE, STEVEN O	1.2 NAME	
STREET ADDRESS	5950 DEL LAGO CIRCLE APT 314	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTLIEB, ED	2.2 NAME	
STREET ADDRESS	772 NW 72 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATTAN, PATRICIA	3.2 NAME	Norene Bini
STREET ADDRESS	3800 S FLAMINGO ROAD	3.3 STREET ADDRESS	1770 NE 191 St #417
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	3.4 CITY-ST-ZIP	North Miami Beach, FL 33179
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, PHYLLIS	4.2 NAME	Marie Rom
STREET ADDRESS	600 THREE ISLANDS BLVD APT 901	4.3 STREET ADDRESS	1548 NE 105 St
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIUNG, MEG	5.2 NAME	
STREET ADDRESS	736 NE 92 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33128	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEAL, JEAN	6.2 NAME	
STREET ADDRESS	3800 S FLAMINGO ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	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] 4-21-99 305 576-0080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROAD CHAIRMAN Date Daytime Phone #

024389
 CR2E037 (1/98)