

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701818** (7)
1. Corporation Name
**FIRST CHURCH OF CHRIST, SCIENTIST, LARGO, FLORID
A, INC.**

Principal Place of Business PINE STREET SW AND SUNNYBREEZE AVE 1901 W. BAY DRIVE #8 LARGO FL 34640	Mailing Address PINE STREET SW AND SUNNYBREEZE AVE 1901 W. BAY DRIVE #8 LARGO FL 34640
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1960	3a. Date of Last Report 01/24/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1000185		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent SMITH, PATRICIA PERRY 13751 89TH AVENUE NORTH SEMINOLE FL 34640				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 *Patricia Perry Smith*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	SMITH, PATRICIA PERRY			1.2 NAME			
STREET ADDRESS	13751 89TH AVE. N.			1.3 STREET ADDRESS			
CITY - ST - ZIP	SEMINOLE FL			1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	ESCHENROEDER, EDWARD E.			2.2 NAME			
STREET ADDRESS	13300 INDIAN ROCKS RD., SUITE 2101			2.3 STREET ADDRESS			
CITY - ST - ZIP	LARGO FL			2.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	SHEDD, STEPHEN K.			3.2 NAME			
STREET ADDRESS	1261 16TH CT., SW			3.3 STREET ADDRESS			
CITY - ST - ZIP	LARGO FL			3.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	WALLACE, MARY D.			4.2 NAME			
STREET ADDRESS	14493 OAK GLEN DR.			4.3 STREET ADDRESS			
CITY - ST - ZIP	LARGO FL			4.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	COLLINS, RALPH			5.2 NAME			
STREET ADDRESS	22 PINO PALM E.			5.3 STREET ADDRESS			
CITY - ST - ZIP	LARGO FL			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mary D. Wallace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/96
Date

595-0207
Daytime Phone #

CR2E037 (3/96)