

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **701818** (7)
1. Corporation Name
**FIRST CHURCH OF CHRIST, SCIENTIST, LARGO, FLORID
A, INC.**

Principal Place of Business 2790 SUNNYBREEZE AVE. S.W. LARGO FL 33770	Mailing Address 2790 SUNNYBREEZE AVE. S.W. LARGO FL 33770
---	---

3. Date Incorporated or Qualified 12/21/1960	Applied For ☐ Not Applicable
4. FEI Number 59-1000185	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	26 City & State
23 Zip	27 Zip
24 Country	28 Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**SMITH, PATRICIA PERRY
13751 89TH AVENUE NORTH
SEMINOLE FL 33776**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	S SMITH, PATRICIA PERRY	1.2 NAME	
STREET ADDRESS	13751 89TH AVE. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33776	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D ATTEBERRY, WILLIAM	2.2 NAME	
STREET ADDRESS	421 BELLE ISLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	D MEYER, MARION	3.2 NAME	
STREET ADDRESS	226 BRANDYWINE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	D METZLER, RUTH L	4.2 NAME	
STREET ADDRESS	14255 ROSEMARY LANE # 8218	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 Perry* **RECEIVED**

1/4/98

813-595-7757

CR2E037 (10/97)