## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT '



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mor**č**nám

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 712516

THE FIRST CHURCH OF CHRIST SCIENTIST, INC., ZEPH YRHILLS, FLORIDA

DOEAD ATH AVE

Principal Place of Business

Mailing Address

(4)

38543-4TH AVE

## **FILED** Mar 04 1997 8:00am Secretary of State



ZEPHYRHILLS FL 33540		ZEPHYRHILLS FL 33540-5009			
				3. Date Incorporated or Qualified 03/31/1967	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address			مسورد	4. FEI Number	Applied For
		26 S'AME AS ABO	OVE.	59-2318063	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 3354	to 25 U.S.A.	<sup>Zip</sup> 29 33540	Country U.S.A	This corporation has liability for Ir     Florida Statutes	ntangible tax under s. 199.032, Yes  No
Name and Address of Current Registered Agent				10. Name and Address of New Reg	<del></del>
			81 Name	KATHERINE W	AISHF.
HEINRICH, CYNTHIA A.			62 Street A	ddress (P.O. Box Number is Not Acceptable	ieb - o - ru
37153 MCMINN AVE.				ddress (P.O. Box Number is Not Accepted)	0AD 54,
DADE CITY FL 33525			63	ZEPHYRHILLS	
			84 City	SELLIVICITE OF	85 Zip Code .
44 5					FL   3354
11. Pursuant I office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State c	and 617.1508, Florida Statutes of Florida. Such change was au	, the above-named o thorized by the corp	corporation submits this statement for the pu oration's board of directors. I hereby accep	urpose of changing its registered It the appointment as registered
agent. La	m familiar with, and accept the obligat	ions of, Section 617.0503, Flori	da Statutes.	نم `	
SIGNATURE Signature typed or printed name of registered agent and title II applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	DC	DELETE	1.1 TITLE		Change Addition
NAME	PHILLIPS, DONALD M.		1.2 NAME	•	·
STREET ADDRESS	37340 ORANGE ROW LANE		1.3 STREET ADDRESS		X .
CITY - ST - ZIP	DADE CITY FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEINRICH, CYNTHIA A.		2.2 NAME	• •	
STREET ADDRESS	37153 MCMINN AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		2. 4 City-St-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COX, ELIZABETH		3.2 NAME		
STREET ADDRESS	3375 JODI WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DADE CITY FL	DELETE	3.4. City-St-ZiP		Change Addition
NAME	D BURDO WHATAM	L_J UELETE	4.1 TITLE		Change Addition
STREET ADDRESS	BURR, WILLIAM 5246 16TH ST.		4. 2 NAME 4.3 STREET ADDRESS	•	
	ZEPHRHILLS FL				
CITY-ST-ZIP TITLE	DV	DELETE	4.4 City-St-ZiP 5.1 Title	001	Change Addition
NAME	WALSHE, KATHERINE	terror as property to	5.2 NAME	D CWALSHE, KAT	HERINE
STREET ADDRESS	37707 STATE ROAD 54		5.3 STREET ADORESS	37707 STATE ROAL	> <i>5</i> 4
CITY-ST-7IP	ZEPHYRILLS FL		5.4 CITY-ST-ZIP	ZEPHYRHILLS, FL.	
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 Ldo borob	w cortifu that the information ounglied	with this files, does not a callful		And In Continue 440 07/07/15 Florida Otto	1 d Ab

I do 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 eath; 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: