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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90027 005 \*\*\*\*61.25

UC98120

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712516**

1. Corporation Name  
**THE FIRST CHURCH OF CHRIST SCIENTIST, INC., ZEPHYRHILLS, FLORIDA**

Principal Place of Business 38543-4TH AVE ZEPHYRHILLS FL 33540	Mailing Address 38543-4TH AVE ZEPHYRHILLS FL 33540
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/31/1967	4. FEI Number 59-2318063	Applied For Not Applicable
		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

**WALSHE, KATHERINE**  
**37707 STATE RD 54**  
**ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent

81 Name **Schmidt, Pamela**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **4245 Loury Dr.**  
 84 City **Zephyrhills** FL 85 Zip Code **33543**

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 Pamela J. Schmidt DATE 2/13/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HEINRICH, CYNTHIA A.	
STREET ADDRESS	37153 MCMINN AVE.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COX, ELIZABETH	
STREET ADDRESS	3375 JODI WEST	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMBATESE, LILLIAN	
STREET ADDRESS	6019 RIDGEWAY DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	WALSHE, KATHERINE	
STREET ADDRESS	37707 STATE ROAD 54	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOCKWELL, JOSEPHINE	
STREET ADDRESS	39132 SR 54TH EAST 2086	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gambatese, Lillian	
3.3 STREET ADDRESS	6019 Ridgeway Dr.	
3.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Schmidt, Pamela	
6.3 STREET ADDRESS	4245 Loury Dr.	
6.4 CITY-ST-ZIP	Zephyrhills, FL 33543	

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: Cynthia A. Heinrich SIGNATURE REQUIRED Cynthia A. Heinrich 3/6/99 352-523-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/1/98)