

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 APR 14 AM 9:59**

**DOCUMENT # 703007 (5)**

1. Corporation Name  
**THIRD CHURCH OF CHRIST, SCIENTIST, ST. PETERSBURG, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**6333 1ST STREET NE ST PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1961** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **59-1006528** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **same as above** 26 **same as above**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KAYE, EVELYN V.  
5222 - 4TH STREET, NORTH, LOT 828  
ST. PETERSBURG FL 33703**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Evelyn V. Kaye* 3/9/95  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D COOK, SHARON 812 LIVE OAK TERR, N.E. ST. PETERSBURG FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>CD Virginia R. Frink 4332 Juanita Way So. St. Petersburg, FL 33705</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T COOK, BRUCE D. 812 LIVE OAK TERR, N.E. ST. PETERSBURG FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D-Clerk-Evelyn Kaye 5222 4th St. No. #828 St. Petersburg, FL 33703</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FRESHWATER, JODY 1238 MONTEREY BLVD., N E ST. PETERSBURG FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D Magdalena Houston 732 - 18th Ave. No. St. Petersburg, FL 33704</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCARPA, GLENNA 4890 BAY ST. NE, #2238 ST PETERSBURG, FL 00000</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>D Glenna Scarpa 4890 Bay St. N.E. #2238 St. Petersburg, FL 33703</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD EINBODEN, JUNE 258 - 45TH AVE NE ST. PETERSBURG FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>Alice Fist 619 - 77 Ave. No. #203 St. Petersburg, FL. 33702</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S KAYE, EVELYN V. 5222-4TH ST. N. #828 ST. PETERSBURG FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>T Mary L. Workman 4100 Overlook Dr. N.E. St. Petersburg, FL. 33703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(h), 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: *Evelyn V. Kaye* Evelyn Kaye, Clerk & Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR  
**3/9/95 522-1083**