

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703007 (5)

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



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

3. Date Incorporated or Qualified: 10/13/1961
3a. Date of Last Report: 04/14/1995

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)

4. FEI Number: 59-1006528
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code
FL

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: _____ DATE: _____
Signature: Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRINK, CIRGINIA R.	
STREET ADDRESS	4332 JUANITA WAY SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	KAYE, EVELYN	
STREET ADDRESS	5222 4TH ST. NO. #828	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUSTON, MAGDALENA	
STREET ADDRESS	732 18TH AVE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCARPA, GLENNA	
STREET ADDRESS	4890 BAY ST. N.E. #2238	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FIST, ALICE	
STREET ADDRESS	619 - 77 AVE. NO. #203	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WORKMAN, MARY L.	
STREET ADDRESS	4100 OVERLOOK DR. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Vice Chairman	
23 STREET ADDRESS	Margaret Underwood	
24 CITY-ST-ZIP	496 - 45 Ave. N.E. St. Petersburg, F.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Mary Starr	
43 STREET ADDRESS	600 - 22 St. N.	
44 CITY-ST-ZIP	St. Petersburg, Fl.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Treasurer	
63 STREET ADDRESS	Anderson Starr	
64 CITY-ST-ZIP	600 - 22 St. N. St. Petersburg, Fl.	

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 Starr* February 6, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)