

319-41 B-3320 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Mar 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33702-7601

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21	26	59-1006528	02/14/1996
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

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	Anderson Starr
82 Street Address (P.O. Box Number is Not Acceptable)	600-22 nd Street N
83	St. Petersburg
84 City	FL
85 Zip Code	33713

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: *Anderson Starr* (NOTE: Registered Agent signature required when reinstating) DATE:

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	C	<input type="checkbox"/> DELETE
NAME	UNDERWOOD, MARGARET	
STREET ADDRESS	496-45TH AVE NE	
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	BM	<input checked="" type="checkbox"/> DELETE
NAME	STARR, MARY	
STREET ADDRESS	600-22 ST N	
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 type="checkbox"/> DELETE
NAME	STARR, ANDERSON	
STREET ADDRESS	600-22 ST N	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KAYE, EVELYN V.	
1.3 STREET ADDRESS	5222 - 4TH STREET, NORTH, LOT 828	
1.4 CITY-ST-ZIP	ST. PETE ISBURG FL. 33703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Anderson Starr* 3/11/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049941

CR2E037 (9/96)