


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/13/1961	
4. FEI Number 59-1006528	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Same as above	2a. Same as above
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip 33702	29. Zip
25. Country U.S.	30. Country

9. Name and Address of Current Registered Agent

**STARR, ANDERSON
600 22ND STREET N
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRINK, CIRGINIA R.	1.2 NAME	Board Chairman
STREET ADDRESS	4332 JUANITA WAY SO.	1.3 STREET ADDRESS	Cook, Bruce St/ Petersburg, Fl.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	812 Live Oak Terr. N.E. 33703
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, MARGARET	2.2 NAME	Frink, Holly
STREET ADDRESS	496-45TH AVE NE	2.3 STREET ADDRESS	190-112 Ave.N. #1122
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33716
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, MAGDALENA	3.2 NAME	Einboden, June
STREET ADDRESS	732 18TH AVE NO.	3.3 STREET ADDRESS	256-45 Ave. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, Fl. 33703
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, EVELYN V.	4.2 NAME	
STREET ADDRESS	5222 4TH STREET NORTH, LOT 828	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIST, ALICE	5.2 NAME	
STREET ADDRESS	819 - 77 AVE. NO. #203	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARR, ANDERSON	6.2 NAME	
STREET ADDRESS	600-22 ST N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

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 for 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: *(Signature)* _____

CFR2E037 (10/97)