

FILE NOW: FILING FEE IS \$61.25

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ALL ATLAS STATE, FLORIDA

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703007**

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

Principal Place of Business 6333 1ST STREET NE ST PETERSBURG FL 33702 US	Mailing Address 6333 1ST STREET NE ST PETERSBURG FL 33702
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 10/13/1961	4. FEI Number 59-1006528 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
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8. Name and Address of Current Registered Agent STARR, ANDERSON (Delete) 600 22ND STREET N ST. PETERSBURG FL 33713	10. Name and Address of New Registered Agent 81 Name: WOODROW, KATHERINE 82 Street Address (P.O. Box Number is Not Acceptable): 83 2238 Glenmoor rd. N. 84 City: Clearwater FL 85 Zip Code: 33764
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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: KAYE, EVELYN V. (Delete) Katherine Woodrow (Treasurer) DATE: 1/31/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC NAME: COOK, BRUCE STREET ADDRESS: 812 LIVE OAK TERR NE CITY-ST-ZIP: ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>MR</del> NAME: HOLLY, FRANK STREET ADDRESS: 190-112 AVE NO #1122 CITY-ST-ZIP: ST PETERSBURG FL 33716	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: EINBODEN, JUNE STREET ADDRESS: 256-45 AVE NE CITY-ST-ZIP: ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>MR</del> NAME: KAYE, EVELYN V. STREET ADDRESS: 5222 4TH STREET NORTH, LOT 828 CITY-ST-ZIP: ST PETERSBURG FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: STARR, ANDERSON STREET ADDRESS: 600-22 ST N CITY-ST-ZIP: ST PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: RISTINE, ALICE STREET ADDRESS: 4715 Bay St. N.E. #128 CITY-ST-ZIP: St. Petersburg, FL.	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: Katherine Woodrow REQUIRE SIGNATURE Katherine Woodrow DATE: 1/31/99 727-532-2120

CR2E037 (11/98)