

**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

APPROVED  
AND  
FILED

95 MAR 23 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **703726** (0)  
1. Corporation Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, DUNEDIN INC.**

Principal Place of Business Mailing Address  
**1650 PINEHURST ROAD DUNEDIN FL 34698** **1650 PINEHURST ROAD DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1962** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **70-3726620** 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  
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOLET, SUZANNE  
1637 SAN MATEO DRIVE  
DUNEDIN FL 34698

81 Name **Smith, Vincent F.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2638 Pinewood Drive**  
83  
84 City **Dunedin** FL 85 Zip Code **34698**

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 *Vincent F. Smith* **Vincent F. Smith, Chairman** 2/10/95  
(NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	COREY, RUTH
STREET ADDRESS	1199 LAZY LAKE DRIVE WEST
CITY-ST-ZIP	DUNEDIN FL
TITLE	D
NAME	SCHOLET, SUZANNE
STREET ADDRESS	1637 SAN MATEO DRIVE
CITY-ST-ZIP	DUNEDIN FL
TITLE	D
NAME	SMITH, VINCENT
STREET ADDRESS	527 MACLEOD TERRACE
CITY-ST-ZIP	DUNEDIN FL
TITLE	S
NAME	BARNARD, KATHIE T.
STREET ADDRESS	1565 AMBERLEA DRIVE
CITY-ST-ZIP	DUNEDIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEWIS, CHARLOTTE K.	
1.3 STREET ADDRESS	634 Edgewater Drive	
1.4 CITY-ST-ZIP	Dunedin, FL 34698	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Potter, Glen D.	
2.3 STREET ADDRESS	107 Shore Drive	
2.4 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Kathie Barnard* **Kathie Barnard, Clerk** 2/10/95 733-3400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #