

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



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

Mailing Address  
**1650 PINEHURST ROAD  
DUNEDIN FL 34698**

3. Date Incorporated or Qualified <b>03/15/1962</b>	3a. Date of Last Report <b>03/23/1995</b>
4. FEI Number <b>70-3726620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

## 9. Name and Address of Current Registered Agent

**SMITH, VINCENT F  
2638 PINWOOD DRIVE  
DUNEDIN FL 34698**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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 Vincent F Smith **2-10-96**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>LEWIS, CHARLOTTE K</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME <b>Smith, Vera T.</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>2638 Pinewood Dr. Dunedin FL 34698</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>POTTER, GLEN D</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>SMITH, VINCENT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D+C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME <b>Ruth H. Corey</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>1199 Lazy Lake Dr West</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Dunedin, FL 34698</b>	
TITLE <b>S</b>	<b>BARNARD, KATHIE T.</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME <b>Cicccone, Yvonne A.</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>930 Anchorage Lane</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Palm Harbor, FL 34684</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	
NAME		5.2 NAME <b>Diaz, Edna</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>2046 Brampton Rd</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Clearwater FL 34615</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Ruth H Corey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/96 813-733-7395**  
Date Daytime Phone #

CR2E037 (12/95)