


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 03/15/1962	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 70-3726620		
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 checked="" 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 checked="" type="checkbox"/> 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	28 Zip
25 Country	30 Country

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	Same
82 Street Address (P.O. Box Number is Not Acceptable)	Same
83	-
84 City	Same
85 Zip Code	FL Same

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 DATE **1/8/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, VERA T.	1.2 NAME	Britton, Emma Leone
STREET ADDRESS	2638 PINWOOD DRIVE	1.3 STREET ADDRESS	700 Mease Plaza #408
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, GLEN D	2.2 NAME	Thompson, James R.
STREET ADDRESS	107 SHORE DRIVE	2.3 STREET ADDRESS	3877 Darston St.
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	Palm Harbor, FL 34698
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY, RUTH H.	3.2 NAME	
STREET ADDRESS	1199 LAZY LAKE DRIVE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCONE, YVONE A.	4.2 NAME	
STREET ADDRESS	930 ANCHORAGE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, EDNA	5.2 NAME	
STREET ADDRESS	2046 BRAMPTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnard, Kathie T. Change	6.2 NAME	
STREET ADDRESS	1460 Vale Court	6.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698	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 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: Vera T. Smith DATE **1/8/98** **736-2945**

CR2E037 (10/97)