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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703726

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



2. Principal Place of Business

21 See above

2a. Mailing Address

26 See above

3. Date Incorporated or Qualified

03/15/1962

Suite, Apt. #, etc.

22 None (See above address)

Suite, Apt. #, etc.

27 None (See above address)

4. FEI Number

70-3726620

Applied For

Not Applicable

City & State

23 See above

City & State

28 See above

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

Zip

24 See above

Country

25 USA

Zip

29 See above

Country

30 USA

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

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

FL

85 Zip Code 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

Vincent F. Smith

1-17-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, VERA T.	
STREET ADDRESS	2638 PINWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	POTTER, GLEN D	
STREET ADDRESS	107 SHORE DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	S/C	<input type="checkbox"/> DELETE
NAME	COREY, RUTH H.	
STREET ADDRESS	1199 LAZY LAKE DRIVE WEST	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRITTON, EMMA LEONE	
STREET ADDRESS	700 MEASE PLAZA, #408	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, EDNA	
STREET ADDRESS	2046 BRAMPTON ROAD	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNARD, KATHIE T	
STREET ADDRESS	1460 VALE COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janet Rutz	
1.3 STREET ADDRESS	2694 Brattle Lane	
1.4 CITY-ST-ZIP	Clearwater, FL 34621	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charlotte K. Lewis	
4.3 STREET ADDRESS	634 Edgewater Drive #849	
4.4 CITY-ST-ZIP	Dunedin, FL 34698	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Suzanne L. Scholet	
5.3 STREET ADDRESS	1637 San Mateo Drive	
5.4 CITY-ST-ZIP	Dunedin, FL 34698	

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 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, with all other like empowered.

SIGNATURE:

Ruth H. Corey

Ruth H. Corey

1/17/99 (727)733-7395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)