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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90201 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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
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2. Principal Place of Business 21 <i>See above</i>	2a. Mailing Address 26 <i>See above</i>	3. Date Incorporated or Qualified 03/15/1962
Suite, Apt. #, etc. 22 <i>None (See above address)</i>	Suite, Apt. #, etc. 27 <i>None (See above address)</i>	4. FEI Number 70-3726620
City & State 23 <i>See above</i>	City & State 28 <i>See above</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <i>See above</i>	Country 25 <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <i>See above</i>	Country 30 <i>USA</i>	

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

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)