


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90043 027 ****61.25

DOCUMENT # 703726			
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, DUNEDIN INC.			
Principal Place of Business 1650 PINEHURST ROAD DUNEDIN FL 34698 US		Mailing Address 1650 PINEHURST ROAD DUNEDIN FL 34698 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 70-3726620		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHASE, DOROTHY MRS 2924 STAR APPLE CT STRATHMORE GATE E PALM HARBOR FL 34684		Name SCHOLET, SUZANNE (MRS)	
		Street Address (P.O. Box Number is Not Acceptable) 1637 San Mateo Drive	
		City Dunedin, Florida 34698	
		City (Dunedin, Florida)	Zip Code FL 34698

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE DC	NAME CHASE, DOROTHY	<input checked="" type="checkbox"/> Delete		TITLE DC	NAME Scholet, Suzanne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2924 STAR APPLE CT STRATHMORE GATE E				STREET ADDRESS 1637 San Mateo Drive			
CITY-ST-ZIP PALM HARBOR FL 34684				CITY-ST-ZIP Dunedin, Florida 34698			
TITLE T	NAME DIAZ, EDNA	<input checked="" type="checkbox"/> Delete		TITLE T	NAME Barnard, Kathie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2046 BRAMPTON ROAD				STREET ADDRESS 1460 Vale Court			
CITY-ST-ZIP CLEARWATER FL 34615				CITY-ST-ZIP Dunedin, Florida 34698			
TITLE DC	NAME COREY, RUTH H.	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1199 LAZY LAKE DRIVE WEST				STREET ADDRESS			
CITY-ST-ZIP DUNEDIN FL 34698				CITY-ST-ZIP			
TITLE D	NAME PATTERSON, ALTHEA F	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2360 IRISH LANE #24				STREET ADDRESS			
CITY-ST-ZIP CLEARWATER FL 33763				CITY-ST-ZIP			
TITLE DC	NAME LAUGHLIN, OWEN	<input checked="" type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2909 GULF TO BAY APT G201				STREET ADDRESS			
CITY-ST-ZIP CLEARWATER FL 33759				CITY-ST-ZIP			
TITLE DC	NAME LEWANDOWSKI, HAZEL	<input checked="" type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2550 HWY 580E #294				STREET ADDRESS			
CITY-ST-ZIP CLEARWATER FL 34621				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruth H. Corey* RUTH H. COREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *(727) 733-7395* Daytime Phone #