FILE NOW: FILING FEE IS $61.25

FILED
Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706330 (8)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, SEMINOLE, FLO RIDA, INC.

Principal Place of Business	Mailing Address
11125 PARK BLVD. UNIT 118 SEMINOLE FL 34642	11125 PARK BLVD. UNIT 118 SEMINOLE FL 33772-4700

3. Date Incorporated or Qualified: 10/25/1963
3a. Date of Last Report: 04/12/1996

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

4. FEI Number: 59-2846974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARD, LYNN Z
9949 69TH STREET NORTH
PINELLAS PARK FL ~~34666~~ 33782

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
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	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD, LYNN Z		1.2 NAME	
STREET ADDRESS	9949 69TH STREET NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL ~~34666~~ 33782		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZABRISKIE, HELEN M		2.2 NAME	
STREET ADDRESS	9790 66TH STREET N., LOT 110		2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33782		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LIMPERT, FLORIENCE		3.2 NAME	
STREET ADDRESS	12100 SEMINOLE BLVD., LOT 313		3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34648		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FAIR, RUTH		4.2 NAME	
STREET ADDRESS	9860 62ND TERR., NORTH STE. 103-B		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST, PETERSBURG FL 33708		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WEIGMAN, BETTY		5.2 NAME	
STREET ADDRESS	7580 92ND STREET NORTH STE. 105		5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LIVINGSTON, VERA S.		6.2 NAME	
STREET ADDRESS	361 BOCA CIEGA DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Helen M Zabriskie - HELEN M ZABRISKIE 2-11-97 813-544-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051665