FILE NOW: FILING FEE IS $61.25

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

02-24-1999 90023 030 ****61.25

0055717

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706330

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 33772 US	11125 PARK BLVD. UNIT 118 SEMINOLE FL 33772 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/25/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2846974 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RICHARD, LYNN Z
9949 69TH STREET NORTH
PINELLAS PARK FL 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 Lynn Z. Richard 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RICHARD, LYNN Z 9949 69TH STREET NORTH PINELLAS PARK FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD CARD, EUGENE E., JR 15735 FIRST ST. E. REDINGTON BEACH, FL. 33708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZABRISKIE, HELEN M 9790 66TH STREET N., LOT 110 PINELLAS PARK FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINKEN, SARA 5246 81ST N, #15 ST PETERSBURG FL 33709	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAIR, RUTH 9860 62ND TERR., NORTH STE. 103-B ST. PETERSBURG FL 33708	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D ORRILL BEIGEL 9167 48th AVE.N. ST.PETERSBURG, FL. 33709-5815	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HASTERLIK, DOROTHY 577 NORMANDY RD MADEIRA BEACH FL 33708	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD LIVINGSTON, VERA S. 361 BOCA CIEGA DRIVE MADEIRA BEACH FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Helen M. Zabriskie SIGNATURE REQUIRED HELEN M. ZABRISKIE 1/12/99 727-544-4805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #