

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713953 (8)

1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTT
E. FLORIDA, INC.**

Principal Place of Business

Mailing Address

21090 IJADE AVE.
PORT CHARLOTTE FL 33952

21090 IJADE AVE.
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/17/1968** 3a. Date of Last Report **04/04/1994**

4. FEI Number **59-6142117** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OAKS, DAVID K.
252 W. MARION AVENUE
PUNTA GORDA FL 33950**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **MICHAEL BARRERA**
STREET ADDRESS **2105 NUREMBERG BLVD**
CITY - ST - ZIP **PORT CHARLOTTE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **SD**
NAME **WOLFE, KATHRYN**
STREET ADDRESS **1000 KING'S HWY. #201**
CITY - ST - ZIP **PORT CHARLOTTE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME **DONEY, JOHN**
STREET ADDRESS **127 CRESCENT DR**
CITY - ST - ZIP **PUNTA FORDA FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **ST. CLAIR, NANCY**
STREET ADDRESS **1383 ABALOM ST. N.E.**
CITY - ST - ZIP **PORT CHARLOTTE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **CD**
NAME **HARDESTY, CLAY**
STREET ADDRESS **330 FORTALEZA ST**
CITY - ST - ZIP **PORT CHARLOTTE FL**

5.1 TITLE Change Addition
5.2 NAME **PD**
5.3 STREET ADDRESS **WILKIN, PATRICIA**
5.4 CITY - ST - ZIP **6841 OCEAN COURT**
NORTH PORT FL

TITLE **D**
NAME **GLASS, THOMAS**
STREET ADDRESS **236 LAKEHORE CIRCLE NW**
CITY - ST - ZIP **PORT CHARLOTTE FL**

6.1 TITLE Change Addition
6.2 NAME **D**
6.3 STREET ADDRESS **FLEENER, ELIZABETH**
6.4 CITY - ST - ZIP **3029 YUKON DRIVE**
PORT CHARLOTTE FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 110.07(3)(k), 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:

Lynnette Oberlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 (813) 993 3887

LYNNETTE OBERLIN, TREAS. DIRECTOR