

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713953 (8)

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTT E, FLORIDA, INC.



Principal Place of Business: 21090 ILIADE AVE. PORT CHARLOTTE FL 33952
Mailing Address: 21090 ILIADE AVE. PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 01/17/1968
3a. Date of Last Report: 04/27/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-6142117		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip		<input type="checkbox"/>	
25	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		30			<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V/D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHAEL, BARRERA			1.2 NAME	MORGAN, WILLIAM F.		
STREET ADDRESS	2105 NUREMBERG BLVD			1.3 STREET ADDRESS	2432 ST. DAVID'S ISLE COURT		
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950		
TITLE	S/D	<input type="checkbox"/> DELETE		2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFE, KATHRYN			2.2 NAME	FLEENER, ELIZABETH		
STREET ADDRESS	1000 KING'S HWY. #201			2.3 STREET ADDRESS	3029 YUKON DRIVE		
CITY-ST-ZIP	PORT CHARLOTTE FL			2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DONEY, JOHN			3.2 NAME	SCHARFF, MARY P.		
STREET ADDRESS	127 CRESCENT DR			3.3 STREET ADDRESS	21855 EDGEWATER DRIVE		
CITY-ST-ZIP	PUNTA GORDA FL 21855			3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ST. CLAIR, NANCY			4.2 NAME	OBERLIN, LYNNETTE		
STREET ADDRESS	1383 ABALOM ST. N.E.			4.3 STREET ADDRESS	11039 S.E. CNTY. RD. 763		
CITY-ST-ZIP	PORT CHARLOTTE FL			4.4 CITY-ST-ZIP	ARCADIA, FL 33821		
TITLE	P/D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILKIN, PATRICIA			5.2 NAME	AHREND, DONALD W.		
STREET ADDRESS	6841 OCEAN COURT			5.3 STREET ADDRESS	1000 KING'S HWY. #200		
CITY-ST-ZIP	NORTH PORT FL			5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FLEENER, ELIZABETH			6.2 NAME	MASON, VIVIANNE		
STREET ADDRESS	3029 YUKON DRIVE			6.3 STREET ADDRESS	1000 KING'S HWY. #153		
CITY-ST-ZIP	PORT CHARLOTTE FL			6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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, Treas. 3/20/96 (941) 993-3887

CR2E037 (12/95)