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May 06 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 # 713953 (8)

1. Corporation Name

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



Principal Place of Business

Mailing Address

21090 ILIADE AVE.
PORT CHARLOTTE FL 33952

21090 ILIADE AVE.
PORT CHARLOTTE FL 33952-1423

3. Date Incorporated or Qualified 01/17/1968	3a. Date of Last Report 03/26/1996
4. FEI Number 59-6142117	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 617.0502 and 617.1506, 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

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

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL BARRERA	1.2 NAME	CATHERINE SHIEL
STREET ADDRESS	2405 NUREMBERG BLVD-	1.3 STREET ADDRESS	20272 VANGUARD TERR.
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33954
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEENER, ELIZABETH	2.2 NAME	MARY SCHARFF
STREET ADDRESS	3029 YUKON DRIVE	2.3 STREET ADDRESS	1505 KIRKWOOD ST.
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONEY, JOHN	3.2 NAME	WILLIAM F. MORGAN
STREET ADDRESS	127 CRESCENT DR-	3.3 STREET ADDRESS	2432 ST. DAVIDS ISLAND CT.
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST-CLAIR, NANCY	4.2 NAME	CLAY HARDESTY
STREET ADDRESS	1888 ABALOM ST. N.E.	4.3 STREET ADDRESS	25188 MARION AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKIN, PATRICIA	5.2 NAME	CARIDAD BARRERA
STREET ADDRESS	6041 OCEAN COURT-	5.3 STREET ADDRESS	2105 NUREMBERG BLVD.
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33983
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEENER, ELIZABETH	6.2 NAME	DONALD AHREND
STREET ADDRESS	8826 YUKON DRIVE	6.3 STREET ADDRESS	1000 KINGS HWY. #200
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33980

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.

MARILYN MORGAN

SIGNATURE:

Marilyn W. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

Date

(941) 639-5920

Daytime Phone # 0057796

CR2E037 (9/96)