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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713953 (8)
1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTT E, FLORIDA, INC.

Principal Place of Business 21080 ILIADE AVE. PORT CHARLOTTE FL 33952	Mailing Address 21080 ILIADE AVE. PORT CHARLOTTE FL 33952
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3. Date Incorporated or Qualified 01/17/1968		
4. FEI Number 59-6142117	Applied For <input type="checkbox"/>	Not Applicable <input checked="" 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**OAKS, DAVID K.
252 W. MARION AVENUE
PUNTA GORDA FL 33950**

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

12. OFFICERS AND DIRECTORS

TITLE V	<input checked="" type="checkbox"/> DELETE
NAME SHIEL, CATHERINE	<input checked="" type="checkbox"/>
STREET ADDRESS 20272 VANGUARD TERR	
CITY-ST-ZIP PORT CHARLOTTE FL	
TITLE S	<input type="checkbox"/> DELETE
NAME SCHARFF, MARY	
STREET ADDRESS 1505 KIRKWOOD ST	
CITY-ST-ZIP NORTH PORT FL	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME MORGAN, WILLIAM F	
STREET ADDRESS 2432 ST. DAVIDS ISLAND CT.	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HARDESTY, CLAY	
STREET ADDRESS 25188 MARION AVE	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BARRERA, CARIDAD	
STREET ADDRESS 2105 NUREMBERG BLVD.	
CITY-ST-ZIP FT. CHARLOTTE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MORGAN, DONALD	<input checked="" type="checkbox"/>
STREET ADDRESS 1000 KINGS HWY., #200	
CITY-ST-ZIP PT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SHIEL, CATHERINE	
1.3 STREET ADDRESS 20272 VANGUARD TERR.	
1.4 CITY-ST-ZIP PT. CHARLOTTE, FL #33954	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DONEY, JOHN	
3.3 STREET ADDRESS 127 CRESCENT DR.	
3.4 CITY-ST-ZIP PUNTA GORDA, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME WILKIN, PATRICIA	
6.3 STREET ADDRESS 6841 OCEAN COURT	
6.4 CITY-ST-ZIP NORTH PORT, FL 34287	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.076(1), 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: Marilyn Morgan **MARILYN MORGAN** 4/20/98 (941)639-5920

CR2E037 (10/97)