

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90039 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713953

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


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/17/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6142117	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

8. 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

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEL, CATHERINE	1.2 NAME	LYNNETTE OBERLIN
STREET ADDRESS	26272-VANGUARD TERR	1.3 STREET ADDRESS	22355 HERNANDO AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33962
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SCHARFF, MARY	2.2 NAME	
STREET ADDRESS	1505 KIRKWOOD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DONEY, JOHN	3.2 NAME	
STREET ADDRESS	127 CRESCENT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDESTY, CLAY	4.2 NAME	DONALD AHREND
STREET ADDRESS	25188-MARION AVE	4.3 STREET ADDRESS	1000 KINGS HWY, #201
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRERA, CARIDAD	5.2 NAME	MARILYN MORGAN
STREET ADDRESS	2165 NUREMBERG BLVD. --	5.3 STREET ADDRESS	2432 ST. DAVIDS ISLAND CT.
CITY-ST-ZIP	FT. CHARLOTTE FL --	5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950-8183
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKIN, PATRICIA	6.2 NAME	PATRICIA WILKIN
STREET ADDRESS	6841 OCEAN CT	6.3 STREET ADDRESS	6841 OCEAN COURT
CITY-ST-ZIP	NORTH PORT FL 34287	6.4 CITY-ST-ZIP	NORTH PORT, FL 34287-2601

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:



MARILYN MORGAN

4/20/99 (941)639-5920

Date

Daytime Phone #

CR2037 (11/98)