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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:44

DOCUMENT # 713971 (0)

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, NEW PORT RICH
EY, FLORIDA, INC.

Principal Place of Business Mailing Address
6131 RIVER ROAD 6131 RIVER ROAD
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1968	3a. Date of Last Report 02/10/1994
4. FEI Number 59-2357670	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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 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

SNYDER, ADELLA MAE
7527 RIVERDALE DR
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARREN SCHMIETT
STREET ADDRESS	7418 BAYWOOD-FOREST CIRCLE
CITY-ST-ZIP	SPRING HILL FL
TITLE	T
NAME	SNYDER, ADELLA MAE
STREET ADDRESS	7527 RIVERDALE DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	EBKER, LAWRENCE
STREET ADDRESS	9030 PEGASUS DR
CITY-ST-ZIP	PT RICHEY FL
TITLE	C
NAME	TANNER, JEANNE
STREET ADDRESS	8211 BRENT ST UNIT 818
CITY-ST-ZIP	PT RICHEY FL
TITLE	D
NAME	LANGE, FLORENCE B
STREET ADDRESS	5446 MANATEE POINT DR
CITY-ST-ZIP	NEW PT RICHEY FL
TITLE	D
NAME	LYNN H. SHIRREFFS
STREET ADDRESS	17763 LAKE CARLTON DRIVE
CITY-ST-ZIP	LUTZ 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	ANDREW ERIC SCOTT	
1.3 STREET ADDRESS	2486 CRYSTAL LAKE DRIVE	
1.4 CITY-ST-ZIP	SPRING HILL, FLORIDA 34606	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT W. SLICK	
3.3 STREET ADDRESS	12041-102 HOOSIER COURT	
3.4 CITY-ST-ZIP	HUDSON, FLORIDA 34667	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALEXANDER SHIRREFFS	
4.3 STREET ADDRESS	2602 BYRNWOOD DRIVE	
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FLORIDA: 34655	
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	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LYLE H. SHIRREFFS	
6.3 STREET ADDRESS	17763 LAKE CARLTON DRIVE	
6.4 CITY-ST-ZIP	LUTZ, FLORIDA 33549	

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 110.07(3)(b), 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: Adella Mae Snyder, Treasurer January 25, 1995 813-376-2016
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #