

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

FILED
Jan 29, 1996 08:00 AM
Secretary of State

DOCUMENT # **713971** (0)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST, NEW PORT RICHEY, FLORIDA, INC.



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

3. Date Incorporated or Qualified: **01/19/1968**
3a. Date of Last Report: **01/30/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2357670	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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: *Adella Mae Snyder* January 24, 1996

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: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCOTT, ANDREW ERIC		1.2 NAME: THURBER, BURNELL	
STREET ADDRESS: 2486 CRYSTAL LAKE DRIVE		1.3 STREET ADDRESS: 7014 FLAGGLER DRIVE	
CITY-ST-ZIP: SPRING HILLE FL		1.4 CITY-ST-ZIP: NEW PORT RICHEY, FLORIDA 34668	
TITLE: T	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SNYDER, ADELLA MAE		2.2 NAME:	
STREET ADDRESS: 7527 RIVERDALE DR		2.3 STREET ADDRESS:	
CITY-ST-ZIP: NEW PORT RICHEY FL		2.4 CITY-ST-ZIP:	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SLICK, ROBERT W.		3.2 NAME: TANNER, JEANNE	
STREET ADDRESS: 12041-102 HOOSIER COURT		3.3 STREET ADDRESS: 8211 BRENT STREET - UNIT 818	
CITY-ST-ZIP: HUDSON FL		3.4 CITY-ST-ZIP: PORT RICHEY, FLORIDA 34668	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHIRREFFS, ALEXANDER		4.2 NAME:	
STREET ADDRESS: 2602 BYRNWOOD DRIVE		4.3 STREET ADDRESS:	
CITY-ST-ZIP: NEW PORT RICHEY FL		4.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LANGE, FLORENCE B		5.2 NAME: HILDEGARD MC SHANE	
STREET ADDRESS: 5446 MANATEE POINT DR		5.3 STREET ADDRESS: 3246 WILLIAMSBURG LOOP	
CITY-ST-ZIP: NEW PT RICHEY FL		5.4 CITY-ST-ZIP: HOLIDAY, FLORIDA 34691	
TITLE: S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHIRREFFS, LYLE H.		6.2 NAME: HART, EILEEN	
STREET ADDRESS: 17783 LAKE CARLTON DRIVE		6.3 STREET ADDRESS: 10525 HIBISCUS DRIVE NORTH	
CITY-ST-ZIP: LUTZ FL		6.4 CITY-ST-ZIP: PORT RICHEY, FLORIDA 34668	

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 119.07(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: Mrs. Adella Mae Snyder *Adella Mae Snyder*

1/24/96

813-376-2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)