

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34652-2516
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/19/1968	3a. Date of Last Report 01/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2357670	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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. Zip Code	FL

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* **Adella Mae Snyder, Treasurer** **1/14/97**
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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURBER, BURNELL	1.2 NAME	
STREET ADDRESS	7014 FLAGLER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, JEANNE	3.2 NAME	MYERS, SANDRA
STREET ADDRESS	8211 BRENT ST, UNIT 818	3.3 STREET ADDRESS	5423 CELCUS DRIVE
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	HOLIDAY, FLORIDA 34690
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRREFFS, ALEXANDER	4.2 NAME	WAISANEN, MYRTLE
STREET ADDRESS	2602 BYRNWOOD DRIVE	4.3 STREET ADDRESS	4542 GARNET DRIVE - APT 102
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	NEW PORT RICHEY, FLORIDA 34652
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSHANE, HILDEGARD	5.2 NAME	
STREET ADDRESS	324 6 WILLIAMSBURG LOOP	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, EILEEN	6.2 NAME	
STREET ADDRESS	10525 HIBISCUS DRIVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Adella Mae Snyder* **Adella Mae Snyder** **1/14/97** **813-376-2016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067996

CR2E037 (9/96)