

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Meigham 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
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3. Date Incorporated or Qualified 01/19/1968	
4. FEI Number 59-2357670	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 28
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

Faye Danenburg
4628 Mitchell Rd.
New Port Richey, Fl.
34652

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Faye Danenburg* (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	Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURBER, BURNELL	1.2 NAME	D Mrs. Myrtle Waisanen
STREET ADDRESS	7014 FLAGLER DR	1.3 STREET ADDRESS	4542 Garnet Dr, Apt: 102
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, Fl: 34652
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ADELLA MAE	2.2 NAME	Mrs. Faye Danenburg
STREET ADDRESS	7527 RIVERDALE DR	2.3 STREET ADDRESS	4628 Mitchell Rd. NPR, Fl.
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	34652
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	Asst. Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, SANDRA	3.2 NAME	D Mrs. Helen Bletry
STREET ADDRESS	5423 CELCUS DR	3.3 STREET ADDRESS	4785 Stonebriar Dr.
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	Oldsmar, Fl. 34677
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Clerk <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAISANEN, MYRTLE	4.2 NAME	Mrs. Eileen Hart
STREET ADDRESS	4542 GARNET DR - APT 102	4.3 STREET ADDRESS	10525 Hibiscus Dr. PR, Fl.
CITY-ST-ZIP	NEW PT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSHANE, HILDEGARD	5.2 NAME	D Mr. Warren Schmielt
STREET ADDRESS	324 6 WILLIAMSBURG LOOP	5.3 STREET ADDRESS	7418 Baywood -
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP	Spring Hill, Fl. 34606
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 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 *Faye Danenburg* 3-15-98

CR2E037 (10/97)