


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90041 036 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 713971</b> 1. Corporation Name <b>FIRST CHURCH OF CHRIST, SCIENTIST, NEW PORT RICHEY, FLORIDA, INC.</b>		
Principal Place of Business 6131 RIVER ROAD NEW PORT RICHEY FL 34652		Mailing Address 6131 RIVER ROAD NEW PORT RICHEY FL 34652



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/19/1968	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-2357670	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		30		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DENENBURG, FAYE 4628 MITCHELL RD NEW PORT RICHEY FL 34652				81 Name	Peggy B. BIEHL		
				82 Street Address (P.O. Box Number is Not Acceptable)	4336 Crestwood Blvd		
				83 City	New Port Richey,		
				84 State	85 Zip Code	FL 34653	

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]* DATE: 17 March 99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAISANEN, MYRTLE	1.2 NAME	
STREET ADDRESS	4542 GARNET DR, APT 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANENBURG, FAYE	2.2 NAME	BIEHL, Peggy B.
STREET ADDRESS	4628 MITCHELL RD,	2.3 STREET ADDRESS	4336 Crestwood Blvd. 34653
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIETRY, HELEN	3.2 NAME	SNOW, Jane R.
STREET ADDRESS	4785 STONEBRIAR DR	3.3 STREET ADDRESS	7336 B.Lake Magnolia Dr.
CITY-ST-ZIP	OLDSMAR FL 34677	3.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, EILEEN	4.2 NAME	
STREET ADDRESS	10525 HIBISCUS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT 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	SCHMIETT, WARREN	5.2 NAME	
STREET ADDRESS	7418 BAYWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34606	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, EILEEN	6.2 NAME	LINDSLEY, Jane H.
STREET ADDRESS	10525 HIBISCUS DRIVE N	6.3 STREET ADDRESS	6438 Cabbage Lane
CITY-ST-ZIP	PORT RICHEY FL	6.4 CITY-ST-ZIP	New Port Richey, FL 34653

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: *[Signature]* DATE: Jan 12, 1999 727-248-7588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR