

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713971

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, NEW PORT RICHI

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90027 006 ****61.25

Principal Place of Business

Mailing Address

6131 RIVER ROAD
 NEW PORT RICHEY FL 34652

6131 RIVER ROAD
 NEW PORT RICHEY FLA 34652-2516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2357670

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIEHL, PEGGY A
 4336 CRESTWOOD BLVD.
 NEW PORT RICHEY FL 34653

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WAISANEN, MYRTLE 4542 GARNET DR, APT 102 NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIEHL, PEGGY B 4336 CRESTWOOD BLVD. NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNOW, JANE R 7336 B. LAKE MAGNOLIA DRIVE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HART, EILEEN 10525 HIBISCUS DR PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIETT, WARREN 7418 BAYWOOD SPRINGHILL FL 34606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDSLEY, JANE H 6438 CABBAGE LANE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ISENBARGER, Rosalie A. 8741 Kipling Ave. Hudson, Fl. 34687	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Feb 00

Date

Daytime Phone #

CREE037 (9/99)