

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90019 014 \*\*\*\*61.25

**DOCUMENT # 713971**

1. Entity Name

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

Principal Place of Business

Mailing Address

**6131 RIVER ROAD  
 NEW PORT RICHEY FL 34652**

**6131 RIVER ROAD  
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2357670**

Applied For

Not Applicable

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 B  
 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 **CD**  Delete  
 NAME **ISENBARGER, ROSALIE A**  
 STREET ADDRESS **8741 KIPLING AVE.**  
 CITY-ST-ZIP **HUDSON FL 34687**

TITLE **D**  Change  Addition  
 NAME **MARCELLA Wicke**  
 STREET ADDRESS **10727 CENTRAL PARK**  
 CITY-ST-ZIP **NEW Port Richey FL - 34652**

TITLE **T**  Delete  
 NAME **BIEHL, PEGGY B**  
 STREET ADDRESS **4336 CRESTWOOD BLVD.**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **SNOW, JANE R**  
 STREET ADDRESS **7336 B. LAKE MAGNOLIA DRIVE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **P**  Change  Addition  
 NAME **ALDA DUNHAM**  
 STREET ADDRESS **5222 DEERFIELD**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **C**  Delete  
 NAME **HART, EILEEN**  
 STREET ADDRESS **10525 HIBISCUS DR**  
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SCHMIETT, MARJORIE**  
 STREET ADDRESS **7418 BAYWOOD**  
 CITY-ST-ZIP **SPRINGHILL FL 34606**

TITLE **CD**  Change  Addition  
 NAME **HELEN BIETRY**  
 STREET ADDRESS **4941 FELEcity way**  
 CITY-ST-ZIP **PALM HARBOR, FL 34677**

TITLE **SM**  Delete  
 NAME **LINDLSEY, JANE H**  
 STREET ADDRESS **6438 CABBAGE LANE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Jan 10, 02**  
 Daytime Phone #: **727-848-7588**

CR2E037 (9/01)