

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90038 011 ****61.25

DOCUMENT # 713971

1. Entity 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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ERICSEN, NANCY C
STREET ADDRESS 1627 COCKLESHELL DR
CITY-ST-ZIP HOLIDAY FL 34690

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

TITLE D ☒ Delete
NAME WOAS, SUSAN H
STREET ADDRESS 4424 DOKCREST DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE CD ☒ Delete
NAME MYERS, SANDRA
STREET ADDRESS 5529 BAROQUE DR.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE D ☐ Delete
NAME SNOW, JAMES R
STREET ADDRESS 6122 ELMHURST DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SPROULE, HARVEY
STREET ADDRESS 7248 GETTSBURG DRIVE
CITY-ST-ZIP New Port Richey, FL 34653

TITLE ☐ Change ☒ Addition
NAME DORIS L. MARTIN
STREET ADDRESS 2683 HIDDEN TRAIL DR
CITY-ST-ZIP Spring Hill, FL 34606

TITLE ☒ Change ☐ Addition
NAME SNOW, JANE R.
STREET ADDRESS
CITY-ST-ZIP

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:

P. Biehl

1-24-05 Treasurer

727-848-7588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #