

**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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**BIEHL, PEGGY B
4336 CRESTWOOD BLVD.
NEW PORT RICHEY FL 34653**

4. FEI Number: **59-2357670**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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: _____ (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	<input type="checkbox"/> Delete
NAME	ERICSEN, NANCY C	
STREET ADDRESS	1627 COCKLESKELL DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIEHL, PEGGY B	
STREET ADDRESS	4336 CRESTWOOD BLVD.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOAS, SUSAN H	
STREET ADDRESS	4424 DOKRCREST DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, SANDRA	
STREET ADDRESS	5529 BAROQUE DR.	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOW, JAMES R	
STREET ADDRESS	6122 ELMHURST DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SM	<input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPROULE, HARVEY	
STREET ADDRESS	7248 GETTSBURG DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS L. MARTIN	
STREET ADDRESS	2683 HIDDEN TRAIL DR	
CITY-ST-ZIP	SPRINGHILL, FL 34606	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, JANE R.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 848-7588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #