

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90046 047 \*\*\*\*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 RD. NEW PORT RICHEY FL 34652** **P.O. BOX 1115 ELFERS FL 34680**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)  
 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 34653-5910**

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 *P.B. Biehl*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *02-16-07*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	MARTIN, DORIS L	
STREET ADDRESS	2683 HIDDEN TRAIL DR.	
CITY - ST - ZIP	SPRING HILL FL 34606	
TITLE	SM	<input type="checkbox"/> Delete
NAME	LINDLSEY, JANE H	
STREET ADDRESS	6438 CABBAGE LANE	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, BARBARA J.	
STREET ADDRESS	11238 EDGE PARK DRIVE	
CITY - ST - ZIP	HUDSON, FL 34667	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNOW, JANE R.	
STREET ADDRESS	6122 CLMURST DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.B. Biehl* *P.B. Biehl* *6 Feb 07* *127-848-7588*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #