

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

7. Name and Address of New Registered Agent

BIEHL, PEGGY B
4336 CRESTWOOD BLVD.
NEW PORT RICHEY FL 34653 - 5910

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 reappointing)

DATE

ok 3167 del 6 Feb 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME JONES, BARBARA J.
STREET ADDRESS 11238 EDGE PARK DRIVE
CITY ST ZIP HUDSON, FL 34667

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

TITLE ☐ Change ☒ Addition
NAME SNOW, JANE R.
STREET ADDRESS 6122 CLM HURST DRIVE
CITY ST ZIP NEW PORT RICHEY, FL 34653

TITLE D ☒ Delete
NAME MARTIN, DORIS L
STREET ADDRESS 2683 HIDDEN TRAIL DR.
CITY ST ZIP SPRING HILL FL 34606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Feb 07

Date

1127-
848-7588

Daytime Phone #