

2009 **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

**FILED**


09 FEB 24 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400143177354  
02/09/09--01047--005 \*\*\$61.25

CR2E037B (5/07)

**DOCUMENT #**  
1. Entity Name  
*Christian Science Society 713971*  
*NEW PORT RICHEY FL*



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2. Principal Place of Business - No P.O. Box #  
*6618 US. 19 No.*

3. Mailing Address  
*P.O. Box 1115*

Suite, Apt. #, etc.

City & State  
*New Port Richey FL*

City & State  
*ELPERS, FL*

4. FEI Number  
*39-2357670*

Applied For  
Not Applicable

Zip  
*34652*

Country  
*PASCO*

Zip  
*34680*

Country  
*PASCO*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name  
*PEGGY B. BIEHL*

Street Address (P.O. Box Number is Not Acceptable)  
*4336 CRESTWOOD BLVD*

City  
*NEW PORT RICHEY* **FL** Zip Code  
*34653-5910*

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 *PBBiehl*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25 Initial or Amended AR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>JANE LINDSLEY CLERK 6438 CABBAGE LN. NEW PORT RICHEY, FL 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>NANCY ERIKSEN 6618 U.S. 19 NO NEW PORT RICHEY FL 34652</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PEGGY B. BIEHL TREASURER 4336 CRESTWOOD BLVD NEW PORT RICHEY FL 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SANDRA MYERS LIBRARIAN 5529 BAROQUE DR. HOLIDAY, FL 34690</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *PBBiehl*