

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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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

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.

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

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	JANE LINDSLEY	CLERK
NAME	6438 Cabbage Ln.	
STREET ADDRESS	NEW PORT RICHEY, FL	34653
CITY-ST-ZIP		
TITLE	NANCY ERIKSEN	
NAME	6618 US 19 No.	
STREET ADDRESS	NEW PORT RICHEY FL	34652
CITY-ST-ZIP		
TITLE	PEGGY B. BIEHL	TREASURER
NAME	4336 CRESTWOOD BLVD	
STREET ADDRESS	NEW PORT RICHEY FL	34653
CITY-ST-ZIP		
TITLE	SANDRA MYERS	LIBRARIAN
NAME	5529 BAROQUE DR.	
STREET ADDRESS	HOLIDAY, FL	34690
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #