## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

714285

(4)

SECOND CHURCH OF CHRIST, SCIENTIST, CLEARWATER, FLORIDA

Princ	ipal Pla	ce of	Business
1440	LAURA	STRE	ET

Mailing Address

1440 LAURA STREET CLEARWATER FL 34615-5221

## FILED May 06 1997 8:00am Secretary of State



CLEARWATER FL 34615		CLEARWATER FL 34615-5221							
						3. Date Incorporated or Qualified 11/12/1953	3a. Da	18 of L	st Report /1996
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	·		Applied For
21		26	26		59-1292723			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		· ·	75 Additional e Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			00 May Be	
23		28				Trust Fund Contribution			ded to Fees
Zιρ	Country	Zip	Cor	intry		8. This corporation has liability for i			ler s. 199.032,
24	25	29	30					) No	
<del>,</del>	9. Name and Address of Curre	nt Registered Agent		271		10. Name and Address of New Re	gistered .	Agent	
				81	Name				
	SON, ALTHEA			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	SH LN 24								
CLEARW	/ATER FL 34623			83	  -				
				84	City			85	Zip Code
							FL	1 1	
11. Pursuant t	to the provisions of Sections 617.050 pointered agent, or both, in the State	02 and 617.1508, Florida States of Florida States	tutes, the al	bove d by	<ul> <li>named corp</li> <li>the corporat</li> </ul>	poration submits this statement for the prioris board of directors. I hereby access	urpose of	chang cintmer	ing Its registered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 617,0503,	Florida Sta	tutes	).	poration submits this statement for the pion's board of directors. I hereby acception's	. ото црр	VIII (10)	it do logistolos
SIGNATURE	allka Tatte	soon 1	ALTHE.	A	PATTER	SON March 10	, 19	97	
	Signature, typed or printed name of registered ago			d Age	nt signature requir	ed when reinstaling)	DATE	01000	2000 11140
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	<b>.</b>	DELETE	£1 Ti			resident		Cha	nge 🗀 Addition
NAME	LEONHARD, VIVA		1.2 N			dwin Wilson			_
STREET ADDRESS	714 LYNDHURST ST #114		1.3 \$	TREET		236 Gulf-to-Bay B			8
CITY - ST - ZIP	DUNEDIN FL 94698-7716	DV				learwater, Fl 346	<u> 25-4</u>	<u> </u>	
TITLE	D	<b>□</b> DELETE	2.1 Ti		[ V	ice President		Lt Cha	nge 🔲 Addition
NAME	ROCKENPELLER, WM.	_	2.2 N			atricia Gombert			
STREET ADDRESS	25 6 MCMULLEN BOOTH FI		2.3 \$1	TREET		911 Seagull Dr.			
CITY-ST-ZIP	OLEARWATER FL 94819-441				ST-ZIP C	learwater, Fl 34	624-	662	<u> </u>
TITLE	1	DELETE	3.1 11	TLE		reasurer		☐ Cha	nge 🔲 Addition
NAME	MANNING, HOLLY		3.2 N	AME	H	olly Manning			
STREET ADDRESS	1525 CAIRD WAY		3.3 S	TREET		525 Caird Way			
CITY-S1-ZIP	PALM HARBOR FL				ST-ZIP P	alm Harbor, Fl 34	683-	632	5
TITLE	SD	DELETE	4.1 Ti	TLE	1 -	irector		☐ Cha	nge 🗶 Addition
NAME	PATTERSON, ALTHEA	y for o	4.21	IAME	4 .	era Martin			
STREET ADDRESS	2360 IRISH LN #24	yur proutous been	4.3 \$	TREET	,	081 Dawn Dr.			
CITY - S1 - ZIP	CLEARWATER FL /	X	4,40	MY-S	T-ZIP C	<u>learwater, Fl 346</u>	<u>23-4</u>		
TITLE	D	DELETE	5.1 Ti	TLE		irector		Cha	nge Addition
NAME [	Benskin, Elizabeth		5.2 N	AME	Ę	ye MacDonald 331 Belleair Rd #			
STREET ADDRESS	<del>68 PINDO PALM EAS</del> T		5.3 \$	TREET					
CITY - ST - ZIP	LARGO FL		5.4 C	ITY-S	T-ZIP C	learwater, Fl 346	<u>24-2</u>	<u>73</u> 0	
TITLE		DELETE	6.1 Ti	ITLE	٧٠٠٠	iva Leonhard		Cha	inge 🔲 Addition
NAME			6.2 N	AME	7 7	14 Lyndhurst St #:	114		
STREET ADDRESS			6.3 S	TREET	ADDRESS DI	unedin, Fl 34698-	7716		
CITY-ST-ZIP			6.4 C	ITY-S	ST-ZIP		, , 10		
	or certify that the information curedia	d with this filing does not as				Lin Section 119 07/3/(i) Floride Statute	c further	Cortif:	that the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

COLUMN TO THE PARTIES ON DIRECTOR DALTHEA PATTERSON DIRECTOR

813-796-08

) / 9 7 Daytime Phone # 006666