

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714285** (4)

1. Corporation Name
SECOND CHURCH OF CHRIST, SCIENTIST, CLEARWATER, FLORIDA

Principal Place of Business 1440 LAURA STREET CLEARWATER FL 34615	Mailing Address 1440 LAURA STREET CLEARWATER FL 34615
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33755-5221	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 33755-5221
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3. Date Incorporated or Qualified 11/12/1953	4. FEI Number 59-1292723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PATTERSON, ALTHEA 2360 IRISH LN 24 CLEARWATER FL 34628 33743-3136	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Althea Patterson - ALTHEA PATTERSON Secretary DATE 3/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, EDWIN	1.2 NAME	June Gundrum
STREET ADDRESS	2220 GULF-TO-BAY BLVD #308	1.3 STREET ADDRESS	2020 World Pkwy Blvd
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater FL 33763
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMBERT, PATRICIA	2.2 NAME	GOMBERT, PATRICIA
STREET ADDRESS	1911 SEAGULL DR	2.3 STREET ADDRESS	1911 SEAGULL DR
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, HOLLY	3.2 NAME	Manning, Holly
STREET ADDRESS	2525 CAIRD WAY	3.3 STREET ADDRESS	1525 Caird Way
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Palm Harbor FL 34683
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, VERA	4.2 NAME	
STREET ADDRESS	2081 DAWN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, EVE	5.2 NAME	Valerie Theisen
STREET ADDRESS	2331 BELLEAIR RD #801	5.3 STREET ADDRESS	115 Avon Drive
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONHARD, WVA	6.2 NAME	MANNING, HOLLY
STREET ADDRESS	714 LYNNURST ST #114	6.3 STREET ADDRESS	1525 CAIRD WAY
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP	PALM HARBOR FL 34683-6325

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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: Althea Patterson - ALTHEA PATTERSON Mar. 16, 1998 513-796-0894
Signature and typed or printed name of signing officer or director Date Deadline Phone # 888-888-8888

CR2E037 (1097)