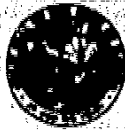


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:30

DOCUMENT # **N38490 (1)**

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST SEMINOLE, FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

11125 PARK BLVD UNIT 118
SEMINOLE FL 34642

11125 PARK BLVD UNIT 118
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/04/1990

04/12/1994

4. FEI Number

59-2846974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEIGEL ORRILL
9167 48TH AVE N.
ST PETERSBURG FL 33709

81 Name

RICHARD, MRS. LYNN Z.

82 Street Address (P.O. Box Number is Not Acceptable)

9940 69th St. North

83

84 City

PINELLAS PARK

FL

85 Zip Code

34666

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Lynn Z. Richard

LYNN Z. RICHARD

4/25/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D/C

NAME

BEIGEL, ORRILL E MRS

STREET ADDRESS

9167 48TH AVE N

CITY - ST - ZIP

ST PETERSBURG FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

C/D RICHARD, MRS. LYNN Z. Change Addition

9949 69th ST. N.

PINELLAS PARK, FL. 34666

TITLE

DC

NAME

REINKEN, MRS. SARA

STREET ADDRESS

5246 81ST N. #15

CITY - ST - ZIP

ST PETERSBURG FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

C/T/D ZABRISKIE, MRS. HELEN M. Change Addition

9790 66th ST. N. LOT 110

PINELLAS PARK, FL. 34666

NAME

D

STREET ADDRESS

LIMPET, MRS. FLORANCE

CITY - ST - ZIP

12100 SEMINOLE 313
LARGO FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D LIMPET, MRS. FLORANCE Change Addition

12100 SEMINOLE BLVD # 313

LARGO, FL. 34648

TITLE

D

NAME

ZABRISKIE, HELEN M MRS

STREET ADDRESS

9790 66TH ST. LOT 110

CITY - ST - ZIP

PINELLAS PARK FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D FAIR, MRS. RUTH Change Addition

9860 62nd TERRACE N. #103B

ST. PETERSBURG, FL. 33708

TITLE

D/V

NAME

HASTERLIK, DOROTHY M

STREET ADDRESS

577 NORMANDY RD

CITY - ST - ZIP

MADEIRA BCH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

D WEIGMAN, MISS BETTY Change Addition

7580 92nd ST. N. #105

LARGO, FL. 34643

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Helene M. Zabriskie, Treasurer

HELEN M. ZABRISKIE 4/25/95

(Signature and typed or printed name of signing officer or director)

(813) 544-4805