

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 712516
 1. Entity Name
THE FIRST CHURCH OF CHRIST SCIENTIST, INC.,
ZEPHYRHILLS, FLORIDA



Principal Place of Business Mailing Address
38543-4TH AVE **38543-4TH AVE**
ZEPHYRHILLS, FL 33542 **ZEPHYRHILLS, FL 33542**



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2318063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALSHE, KATHERINE
37707 SR 54 W BOX DD
ZEPHYRHILLS, FL 33542

DO NOT WRITE IN THIS SPACE

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 *Katherine Walshe* DATE 4/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relisting)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONAHUE, CYNTHIA H 37153 MCMINN AVE. DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSHE, KATHERINE 37707 SR 54 W BOX DD ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LITTLE, GAYE 12808 LAKE JOVITA BLVD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAMBATESE, LILLIAN L 6019 RIDGEWAY DRIVE ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/13/05-80095-015 61.25

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lillian L Gambatese* Date 4/10/05 Daytime Phone # (813)7780-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR