2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# 725331

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, ENGLEWOOD, FLORIDA, INC.

Current Principal Place of Business:

35 S. OXFORD RD.
ENGLEWOOD, FL 342950747

New Principal Place of Business:

Current Mailing Address:

PO BOX 747
ENGLEWOOD, FL 342950747

New Mailing Address:

FEI Number: 23-7205680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, LARRY B
1215 MANASOTA BEACH RD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CEB	( ) Delete
Name:	BRADY, JAMES	
Address:	30 GRAND PALMS BLVD	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	EBM	( ) Delete
Name:	MCCONNELL, MARION	
Address:	716 BLACKBURN BLVD	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	TEBM	( ) Delete
Name:	SIMMONS, LARRY B	
Address:	1215 MANASOTA BCH RD	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	EBM	( ) Delete
Name:	BRADY, GRACE	
Address:	30 GRAND PALMS BLVD	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	EBM	( ) Delete
Name:	SAWYER, DEAN B	
Address:	7 CHARLESTON CIRCLE	
City-St-Zip:	ENGLEWOOD, FL 34223	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	EBM	(X) Change ( ) Addition
Name:	GUNTHER, MILDRED	
Address:	8840 GILLARD AV.	
City-St-Zip:	NORTH PORT, FL 34287	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SIMMONS TRES 01/07/2005

Electronic Signature of Signing Officer or Director — Date