

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-19-2005 90008 015 ****61.25

DOCUMENT # N93000005583					
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, WEST PALM BEACH, INC.					
Principal Place of Business 138 LAKEVIEW AVE WEST PALM BEACH, FL 33401			Mailing Address 138 LAKEVIEW AVE WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6001048	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMMAR, CYNTHIA P 501 PRIVATEER RD NORTH PALM BEACH, FL 33408			Name Patricia Bridges Street Address (P.O. Box Number is Not Acceptable) 11811 Aves of P.A. #7-2 G City Palm Beach Gardens FL Zip Code 33418		
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 Patricia Bridges, Treasurer DATE 1/12/05 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	D Director	☐ Delete	TITLE	Chairman	☐ Change ☒ Addition
NAME	LAUFFER, JAMES C		NAME	Greet, Joan	
STREET ADDRESS	4 LA COSTA CIRCLE		STREET ADDRESS	133 Forester Court	
CITY- ST- ZIP	WEST PALM BEACH, FL 33401		CITY- ST- ZIP	West Palm Beach, FL 33414	
TITLE	D	☒ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	BRIDGES, PATRICIA H		NAME	Jensen, Lew	
STREET ADDRESS	11811 AVENUES OF P.A. #72G		STREET ADDRESS	151 Harbor Lake Circle	
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418		CITY- ST- ZIP	West Palm Beach, FL 33413	
TITLE	D Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, JACK		NAME		
STREET ADDRESS	2501 BRISTLE DR STE B3		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH, FL 33409		CITY- ST- ZIP		
TITLE	O Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALL, DONNA		NAME		
STREET ADDRESS	321 53RD ST		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH, FL 33407		CITY- ST- ZIP		
TITLE	D V. Chairman / Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUTLER, WARD III		NAME		
STREET ADDRESS	1426 ALPHA COURT SO		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH, FL 33406		CITY- ST- ZIP		
TITLE	D Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SAILE, MARCIA		NAME		
STREET ADDRESS	5775 FEMLEY DR. W, TH-109		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH, FL 33415		CITY- ST- ZIP		
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: Donna Hall DATE: 1/12/05 561-655-8182 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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