

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 025 ****61.25

DOCUMENT # N93000005583

1. Entity Name
**FIRST CHURCH OF CHRIST, SCIENTIST WEST PALM
BEACH, FLORIDA, INC.**



Principal Place of Business
**138 LAKEVIEW AVE
WEST PALM BEACH, FL 33401**

Mailing Address
**138 LAKEVIEW AVE
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



02012008 No Chg-NP CR2E037 (4/06)

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

**HAMBY, III, ESQ, LOUIS L
ALLEY, MAASS, ROGERS & LINDSAY, P.A.
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480**

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	C BUTLER, BETTY J MRS 1426 ALPHA CRT S WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAILE, MARCIA MISS 5775 FERNLEY DR., TH-109 WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIX, PATRICIA 208 FERN ST APT 1203 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BRIDGES, PAT MRS. 11811 AVE. OF THE PGA #7-2G PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHARLOTTE MRS 7342 PINE PK DR N LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, MARY MRS 1901 EMBASSY DR WEST PALM BEACH, FL 33401

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bonnie Sue Brown-Widell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08
Date

Daytime Phone # _____

ATTACHMENT

40098468

N93000025583

10. Officers and Directors

Title C
Name HAMILTON, DAVID
Address 217 Seabreeze Ave
City, Zip Palm Beach, FL 33480

Title VC
Name BUTLER, WARD III
Address 1426 Alpha Court, So.
City, Zip West Palm Beach, FL 33405

Title D
Name BRIDGES, PATRICIA
Address 11811 Ave of PGA, #7-2G
City, Zip Palm Bch Gardens, FL 33418

Title D
Name SAILE, MARCIA
Address 5775 Fernley Dr. TH-109
City, Zip West Palm Beach, FL 33415

Title D
Name GIBBONS, CYNTHIA
Address 400 S Ocean Blvd. #211
City, Zip Palm Beach, FL 33480

Title D
Name BROCKWAY, BETTINA
Address 4402 Danielson Dr
City, Zip Lake Worth, FL 33467

Title D
Name HAMMAR, CYNTHIA
Address 501 Privateer Rd
City, Zip North Palm Beach FL 33408

Title S
Name BROWN-WIDELL, BONNIE-SUE
Address 205 Worth Avenue, Suite 201
City, Zip Palm Beach, FL 33480