## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005583

Apr 24, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 138 LAKEVIEW AVE WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 138 LAKEVIEW AVE WEST PALM BEACH, FL 33401 FEI Number: 59-6001048 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMBY, III, ESQ, LOUIS L ALLEY, MAASS, ROGERS & LINDSAY, P.A. 340 ROYAL POÍNCIANA WAY, SUITE 321 PALM BEACH, FL 33480 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HAMILTON, DAVID HAMMAR, CYNTHIA Name: Name: 217 SEABREAZE AVE Address: 501 PRIVATEER RD Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: NORTH PALM BEACH, FL 33408 Title: VC () Delete Title: () Change () Addition BUTLER, WARD III Name: Name: Address: 1426 ALPHA CRT S Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: () Delete Title: () Change () Addition BRIDGES, PATRICIA Name: Name: 11811 AVE OF PGA 7-2G Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: D Title: ( ) Delete (X) Change ( ) Addition Name: SAILE, MARCIA Name: COLE, MARY 5775 FERNLEY DR TH 109 1901 EMBASSY DR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: (X) Change ( ) Addition GIBBONS, CYNTHIA BROWN-WIDELL, BONNIE-SUE Name: Name: 400 S OCEAN BLVD STE 211 205 WORTH AVENUE, SUITE 201 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 Title: ( ) Delete Title: () Change () Addition BROCKWAY, BETTINA Name: Name: Address: 4402 DANIELSON DR Address: LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA BRIDGES T, D 04/24/2009