2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

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DOCUMENT # N9500005718 1. Entity Name THE CHRISTIAN SCIENCE ASSOCIATION OF THE PUPILS OF ANN F. SEARLES CUMMINGS, C.S.B., INC.									04-16-20	004 9009:	5 004 ****6	51.25	
Principal Place of Business 2001 PALM BCH LAKES BLVD STE 403 WEST PALM BEACH, FL 33409-6516			200° STE	Mailing Address 2001 PALM BCH LAKES BLVD STE 403 WEST PALM BEACH, FL 33409-6516					4402	9297) (
2. Principal Place of Business			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01052004	Chg-NP	CR2E	037 (10/03)		
City & State			Ci	City & State				4. FEI Number Applied For 65-0639350 Not Applicable					
Zip	Zip Country			Zip		Country			of Status Desire	d 🗆	\$8.75 Add	fitional	
	6. Name	and Address of Curren	nt Registere	od Agent		r		7. Name and	Address of Ne	w Registers			
			in its glosses	<u></u>		Name		77 1101110 0112		riegioisie	a rigorit		
CUMMINGS, ANN F'SEARLES 2001: PALM BCH LAKES BLVD STE: 403 WEST PALM BEACH, FL 33409-6516				-			Street Address (P.O. Box Number is Not Acceptable)						
WEST FAI	CIVI BEACI	1, 7,0 33409-0310			City	Ciry			FL Zip Code				
	e named entity tions of regist	y submits this statement ered agent.	for the purp	ose of changing its	egistere	ed office o	r register	red agent, or bot	h, in the State o	Florida. I a	m familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	Registered	ed Agent signat	ture required	d when reinstating)		DAT	E		
	Filing Fe	or printed name of registered age e is \$61,25 lay 1, 2004	nt and title if app	9, Election Cam Trust Fund C	paign F	inancing	àre required	s5.00 May B	e l	Make chi	eck payable to artment of Si		
	Filing Fe	e is \$61.25		9. Election Cam Trust Fund C	paign F	Inancing tion.		\$5.00 May B Added to Fees	1	Make chi lorida Der	ack payable to partment of SI	tete	
SIGNATURE	PD CUMMING 2001 PAL	e is \$61.25 lay 1, 2004 OFFICERS AND C GS, ANN F.S. M BCH LAKES BLVD	DIRECTORS	9. Election Cam Trust Fund C	paign Fontributi	inancing tion.	Bra	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFF	Make chi	ack payable to partiment of Si DIRECTORS IN Change	10 Addition	
SIGNATURE . 10. TITLE NAME STREET ADDRESS	PD CUMMING 2001 PALL WEST PALL D LEWELLY 151 HARE	e is \$61.25 lay 1, 2004 OFFICERS AND C	DIRECTORS 0., STE 400 096516	9. Election Cam Trust Fund C	Paign Fontribution 11. TITLE NAME STRECTLY TITLE NAME STREETLY	E ADDRESS (-ST-ZIP	Bra	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFF	Make chi loride Der ICERS AND	ack payable to partiment of Si DIRECTORS IN Change	10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CUMMING 2001 PALI WEST PA D LEWELLY 151 HARE WEST PA D BECKWIT 3800 FLAI	e is \$61.25 lay 1, 2004 OFFICERS AND D SS, ANN F.S. M BCH LAKES BLVD LIM BEACH, FL 3340 7, JENSEN W BOR LAKE CIR	DIRECTORS 0., STE 400 096516	9. Election Cam Trust Fund C	Paign Fontribution Title NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E E E E E E E E E E E E E	Bra	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFF	Make chi	ack payable to partment of SI DIRECTORS IN □ Change といういと になる。	inte	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Touch R. Dray (Nancy R. Gray) 4-16-04 54-746-0067

SIGNATURE AND THE DISTRICT OF DISTRICT O