

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90095 004 ****61.25

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| DOCUMENT # N95000005718 | | | |  | |
| 1. Entity Name THE CHRISTIAN SCIENCE ASSOCIATION OF THE PUPILS OF ANN F. SEARLES CUMMINGS, C.S.B., INC. | | | | | |
| Principal Place of Business 2001 PALM BCH LAKES BLVD STE 403 WEST PALM BEACH, FL 33409-6516 | | | Mailing Address 2001 PALM BCH LAKES BLVD STE 403 WEST PALM BEACH, FL 33409-6516 | | |
| 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 65-0639350 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CUMMINGS, ANN F SEARLES 2001 PALM BCH LAKES BLVD STE. 403 WEST PALM BEACH, FL 33409-6516 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CUMMINGS, ANN F.S. 2001 PALM BCH LAKES BLVD., STE 403 WEST PALM BEACH, FL 334096516 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Brown-Widell, Bonnie-Sue 205 Worth Ave. Suite 201 Palm Beach, FL 33480 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEWELLY, JENSEN W 151 HARBOR LAKE CIR WEST PALM BEACH, FL 33413 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECKWITH, HARRIET 3800 FLAMINGO RD FORT LAUDERDALE, FL 333301699 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GRAY, NANCY R 717 US ONE #207 JUPITER, FL 33477 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| 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: <u>Nancy R. Gray (Nancy R. Gray)</u> | | | 4-16-04 561-746-0067 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |