

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005718

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE CHRISTIAN SCIENCE ASSOCIATION OF THE PUPILS OF ANN F. SEARLES CUMMINGS,
C.S.B., INC.

Current Principal Place of Business:

219 BAKER DRIVE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

219 BAKER DRIVE
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0639350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINGS, ANN F SEARLES
219 BAKER DRIVE
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CUMMINGS, ANN F
Address: 219 BAKER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: KO, BIANCA
Address: 4898 WAVERLY TERRACE
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: BLACKWELL, BARBARA M
Address: 917 GARDEN DR
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BROWN, MILDRED
Address: 611 NW 37TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ROWELL, EARLEEN F
Address: 1108 OSCEOLA ST.
City-St-Zip: STUART, FL 34996

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: ANN F SEARLES CUMMINGS

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date