


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90051 044 ****61.25

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 219 Baker Drive Suite, Apt. #, etc.		3. Mailing Address 219 Baker Drive Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33409	Country P.B.	Zip 33409	Country P.B.
4. FEI Number 65-0639350		Applied For <input type="checkbox"/> Not Applicable	
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 Cummings, Ann F. Searles Street Address (P.O. Box Number is Not Acceptable) 219 Baker Drive City West Palm Beach FL Zip Code 33409	
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 <i>Ann F. Cummings</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>3/22/05</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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 PD NAME CUMMINGS, ANN F.S. STREET ADDRESS 2001 PALM BCH LAKES BLVD., STE 403 CITY-ST-ZIP WEST PALM BEACH, FL 334096516	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Cummings, Ann F. Searles STREET ADDRESS 219 Baker Drive CITY-ST-ZIP West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LEWELLY, JENSEN W STREET ADDRESS 151 HARBOR LAKE CIR CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Delete	TITLE D NAME Jensen, Lewellyn W STREET ADDRESS 151 Harbor Lake Circle CITY-ST-ZIP West Palm Beach, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BROWN-WIDELL, BONNIE STREET ADDRESS 205 WORTH AVE, SUITE 201 CITY-ST-ZIP PALM BEACH, FL 33480	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME GRAY, NANCY R STREET ADDRESS 717 US ONE #207 CITY-ST-ZIP JUPITER, FL 33477	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Nancy R. Gray</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>3/22/05</i> Date Daytime Phone #	