

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 20, 2009  
Secretary of State

DOCUMENT# N95000005718

**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