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**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9500005718

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



Principal Place of Business Mailing Address
 224 DATURA STREET 224 DATURA STREET
 SUITE 1412 SUITE 1412
 WEST PALM BEACH, FL 33401-5642 WEST PALM BEACH, FL 33401-5642

2. Principal Place of Business 3. Mailing Address
2001 Blm Bch. Lakes Blvd. 2001 Palm Beach Lakes Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 403 Suite 403



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For
West Palm Beach FL West Palm Beach FL 65-0639350 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33409-6516 USA 33409-6516 USA

6. Name and Address of Current Registered Agent
**CUMMINGS, ANN F. SEARLES
 224 DATURA STREET
 SUITE 1412
 WEST PALM BEACH, FL 33401-5642**

7. Name and Address of New Registered Agent
 Name **Ann F. Searles Cummings**
 Street Address (P.O. Box Number is Not Acceptable) **2001 Palm Beach Lakes Blvd**
Suite 403
 City **West Palm Beach FL** Zip Code **33409-6516**

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 **Ann F. Searles Cummings** *Ann F. Searles Cummings* **2-17-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	CUMMINGS, ANN F.S.	224 DATURA STREET, STE 1412	WEST PALM BEACH, FL 334015642	<input type="checkbox"/>
D	HUGHES, HOLLY	2306 SE 16TH TERR.	CAPE CORAL, FL 33990	<input checked="" type="checkbox"/>
D	BECKWITH, HARRIET	700 BANYAN DR.	LAKE WORTH, FL 33461	<input type="checkbox"/>
SD	GRAY, NANCY R	717 US ONE #207	JUPITER, FL 33477	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	CHANGE	ADDITION
PD	Cummings, Ann F.S.	2001 Palm Bch Lakes Blvd. suite 403	West Palm Bch FL 33409-6516	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Lewellyn W. Jensen	151 Harbor Lake Circle	West Palm Bch FL 33413	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Beckwith, Harriet	3800 Flamingo Rd.	Ft. Lauderdale FL 33330-1699	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<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: *Ann F. Searles Cummings* **Ann F. Searles Cummings 2-17-03 561-615-8010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)