

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005718

**FILED**  
**Mar 01, 2013**  
**Secretary of State**  
**CC6131724365**

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

**Current Principal Place of Business:**

10 ATRIUM CIR  
APT D  
LAKE WORTH, FL 33462

**Current Mailing Address:**

10 ATRIUM CIR  
APT D  
LAKE WORTH, FL 33462 US

**FEI Number: 65-0639350**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KO, BIANCA  
10 ATRIUM CIR  
APT D  
LAKE WORTH, FL 33462 US

*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: BIANCA KO**

**03/01/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DS  
Name KO, BIANCA  
Address 10 ATRIUM CIR  
APT D  
City-State-Zip: LAKE WORTH FL 33462

Title DT  
Name BROWN-WIDELL, BONNIE-SUE  
Address 205 WORTH AVE  
SUITE 201  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name GRAY, NANCY R  
Address 717 US ONE #207  
City-State-Zip: JUPITER FL 33477

Title D  
Name MINNOTTE, CINDY L  
Address 2310 AMALFI WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

*I hereby 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 all other like empowered.*

**SIGNATURE: BONNIE-SUE BROWN-WIDELL**

**DT**

**03/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date