2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 8:00 am **DOCUMENT # 701701 Secretary of State** 1. Entity Name 02-06-2006 90070 006 ****61.25 FIRST CHURCH OF CHRIST, SCIENTIST, VENICE, RIDA, INC. Principal Place of Business Mailing Address 600 WEST VINICE AVE 600 WEST VINICE AVE VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1426218 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDSON, MARY C Street Address (P.O. Box Number is Not Acceptable) 101 PARK BLVD. SO. VENICE FL 34285 Zip Code City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CHAI Detete ChAIN Addition TITLE Change TITLE MARYC. RICHARDON GRIGORE, DORIS NAME NAME 425 HARBOR DR SO. STREET ADDRESS 101 pmp Blod SO-STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BROWN, BOB NAME NAME 416 PALMETTO CRESENT STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 CITY-ST-ZIP CITY+ST-ZIP Addition ☐ Change ☐ Delete TITLE MULLER, EVA NAME NAME STREET ADDRESS STREET ADDRESS 983 JOLANDA CIR. City-SI-7IP VENICE FL 34285 CITY-ST-ZIP TRUSTES Addition TITLE ☐ Change Delete TITLE BE+ty CASS LEBLANC, DOREEN NAME NAME 224 FLAM BOYANT ST. nokomis, FL 34 STREET ADDRESS 2708 PONCE DE LEON BLVE STREET ADDRESS NORTH PORT FL 34286 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE DOLLE, RUTH NAME NAME 333 THE ESPLANADE N. #204 STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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: MARDSON, Chair, (941)486-0246