


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 701701 1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, VENICE, RIDA, INC.	
---	---

Principal Place of Business 600 WEST VINICE AVE VENICE, FL 34285	Mailing Address 600 WEST VINICE AVE VENICE, FL 34285
--	--



01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

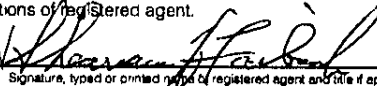
4. FEI Number 59-1426218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRBANK, SHEARMAN H
 909 INLET CIR. RD.
 VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

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:  DATE: 101-17-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

00000023230
 02/20/08-80028-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FAIRBANK, SHEARMAN H 909 INLET CR. RD. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DABOLL, JEANNE 5000 ASHTON GARDEN DR., 301 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUXT, VIRGINIA 955 E. NOGOYA ST. VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASS, BETTY 224 FLAMBOYANT ST. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DOLLE, RUTH 333 THE ESPLANADE N. #204 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 01/27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #