

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90031 020 \*\*\*\*61.25

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<b>DOCUMENT # 702253</b>					
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORIDA, INC.					
Principal Place of Business 515 E OCEAN BLVD STUART, FL 34994 US			Mailing Address 515 E OCEAN BLVD STUART, FL 34994 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2096064	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ERNST, JANE 1800 SE ST. LUCIE BLVD STUART, FL 34996				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILTON, MAYFA		NAME	Richey, LeRay M	
STREET ADDRESS	4238 SE HOME WAY		STREET ADDRESS	579 NE Plantation Rd # A203	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	Stuart, FL 34996	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWELL, EARLEEN		NAME	Meyer, Lillian E.	
STREET ADDRESS	1108 E. OSCEOLA ST		STREET ADDRESS	8433 SE DoubleTree Dr	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYNE, JEAN		NAME	Graves, June G.	
STREET ADDRESS	1906 NE RIVER COURT		STREET ADDRESS	2126 NW Fork Rd	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIFFEL, JEANNETTE		NAME	Shaffer, Suzanne C.	
STREET ADDRESS	2950 SE OCEAN BLVD		STREET ADDRESS	667 SE Harbor View Dr	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOOSE, FRANKLIN		NAME	Watts, Karla	
STREET ADDRESS	2138 SW IMPERIAL STREET		STREET ADDRESS	404 SE ILA St.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	SC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHEY, CAROLYN		NAME		
STREET ADDRESS	5700 NORTH ISLAND COVE WAY #4205		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
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:		2/3/04		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	