

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90025 043 \*\*\*\*61.25

**DOCUMENT # 702253**

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

40015275



1st MOORE

CR2E037 (10/04)

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

Karla Watts  
404 ILA ST.  
Stuart, FL 34954

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

*Karla Watts*

*[Signature]*

2/3/05

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**  
**Due By May 1, 2005**

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 ☐ Delete  
NAME RICHEY, LEROY M  
STREET ADDRESS 579 NE PLANTATION RD., #N203  
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE ☒ Delete  
NAME ROWELL, EARLEEN  
STREET ADDRESS 1108 E OSCEOLA ST  
CITY-ST-ZIP STUART FL 34996

TITLE ☒ Delete  
NAME JOYNE, JEAN  
STREET ADDRESS 1906 NE RIVER COURT  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Delete  
NAME MEYER, LILLIAN E  
STREET ADDRESS 8433 SE DOUBLE TREE DR. (Keep)  
CITY-ST-ZIP HOBE SOUND FL 33465

TITLE ☐ Delete  
NAME GROVES, JANE G June Graves  
STREET ADDRESS 2126 NE FORK RD. was spelled wrong before  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Delete  
NAME SHAPFER, SUZANNE C  
STREET ADDRESS 667 SE HARBOR VIEW DR.  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Shirley Goodner  
STREET ADDRESS P.O. Box 7133  
CITY-ST-ZIP Port St. Lucie, FL 34984

TITLE ☐ Change ☒ Addition  
NAME Frank Loose  
STREET ADDRESS 2138 SW Imperial ST.  
CITY-ST-ZIP Port St. Lucie, FL 34987

TITLE ☐ Change ☒ Addition  
NAME Marcia Steadwell  
STREET ADDRESS 1530 SW Herder Rd.  
CITY-ST-ZIP Port St. Lucie, FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Dora Jan Dragseth  
STREET ADDRESS 3623 SE Old St. Lucie Blvd.  
CITY-ST-ZIP Stuart, FL 34996

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

772-287-5888

Daytime Phone #