

**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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

40015275



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-2096064** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ERNST, JANE
1800 SE ST. LUCIE BLVD
STUART FL 34996**

7. Name and Address of New Registered Agent
Name: **Karla Watts**
Street Address (P.O. Box Number is Not Acceptable): **404 ILA ST.
Stuart, FL 34954**
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]* DATE: **2/3/05**

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: RICHEY, LEROY M STREET ADDRESS: 579 NE PLANTATION RD., #N203 CITY-ST-ZIP: PORT SAINT LUCIE FL 34986	TITLE: <input type="checkbox"/> Delete	TITLE: _____
TITLE: D	NAME: ROWELL, EARLEEN STREET ADDRESS: 1108 E OSCEOLA ST CITY-ST-ZIP: STUART FL 34996	TITLE: <input checked="" type="checkbox"/> Delete	TITLE: Shirley Goodner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: _____ STREET ADDRESS: P.O. Box 7133 CITY-ST-ZIP: Port St. Lucie, FL 34984
TITLE: D	NAME: JOYNE, JEAN STREET ADDRESS: 1906 NE RIVER COURT CITY-ST-ZIP: JENSEN BEACH FL 34957	TITLE: <input checked="" type="checkbox"/> Delete	TITLE: Frank Loose <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 2138 SW Imperial St. CITY-ST-ZIP: Port St. Lucie, FL 34987
TITLE: D	NAME: MEYER, LILLIAN E STREET ADDRESS: 8433 SE DOUBLE TREE DR. (Keep) CITY-ST-ZIP: HOBE SOUND FL 33465	TITLE: <input type="checkbox"/> Delete	TITLE: marcia Steadwell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 1530 SW Herder Rd. CITY-ST-ZIP: Port St. Lucie, FL 34953
TITLE: D	NAME: GROVES, JANE G <i>June Graves</i> STREET ADDRESS: 2126 NE FORK RD. CITY-ST-ZIP: STUART FL 34994 <i>was spelled wrong before</i>	TITLE: <input type="checkbox"/> Delete	TITLE: _____
TITLE: D	NAME: SHAPPER, SUZANNE C STREET ADDRESS: 667 SE HARBOR VIEW DR. CITY-ST-ZIP: PORT SAINT LUCIE FL 34983	TITLE: <input checked="" type="checkbox"/> Delete	TITLE: Dora Jan Dragseth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: _____ 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]* DATE: **2/3/05** DAYTIME PHONE #: **772-287-5888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR