


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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90074 001 ****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



1st MOORE CR2E037 (10/05)
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:
~~WATTS, KARLA~~
~~404 ILA ST~~
~~STUART FL 34994~~
LOOSE, DORIS
2138 S.W. Imperial St.
Port St. Lucie, FL 34987

7. Name and Address of New Registered Agent:
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 reconstituting) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 NAME	D RICHEY, LEROY M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	579 NE PLANTATION RD., #N203	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE NAME	D GOODNER, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 7133	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE NAME	D LOOSE, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	2138 S W IMPERIAL ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	
TITLE NAME	D MEYER, LILLIAN E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8433 SE DOUBLE TREE DR.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE NAME	D GRAVES, JUNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2126 NE FORK RD.	
CITY-ST-ZIP	STUART FL 34994	
TITLE NAME	D STEADWELL, MARCIA	<input type="checkbox"/> Delete
STREET ADDRESS	1530 S W HERDER RD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D DRAGSETH, DORA JANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3623 S.E. Old St. Lucie Blvd	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE NAME	D HEATH, PATRICIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14 Castle Hill Way	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE NAME	D ROWELL, EARLEEN F.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1108 E. Osceola St.	
CITY-ST-ZIP	Stuart, FL 34996	

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: *Franklin B. Loose* *Franklin B. Loose* 2-3-06 712-336-0134