


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90030 033 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State

Zip Country Zip Country

40010100



01222008 Chg-NP CR2E037 (12/06)

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**

**LOOSE, DORIS  
 2138 S.W. IMPERIAL ST  
 PORT SAINT 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 Doris Loose Doris B. Loose 1/25/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 STREET ADDRESS CITY-ST-ZIP	CD MOORE, BARBARA 5556 NE GULFSTREAM WAY STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, ALICE 1997 SE CROWBERRY DRIVE PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUFORT, PAULETTE 2950 SE OCEAN BLVD STUART, FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATH, PATRICIA 14 CASTLE HILL WAY STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWELL, EARLEEN F 1108 E. OSCEOLA ST STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIER, PAMELA 143 RIVINIA DRIVE JUPITER, FL 33458	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane Ernst 1800 S.E. St. Lucie Blvd. 12-103 Stuart, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Head, Alice 1997 S.E. Crowberry Drive Port Saint Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Loose 2138 S.W. Imperial St. Port St. Lucie, FL 34987	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcia Willis 1530 S.W. Herder Rd. Port St. Lucie, FL 34953	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marie Witzel 1600 S.E. St. Lucie Blvd #207 Stuart, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Doris B. Loose Doris B. Loose 1/25/08 (772)287-5888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #