

# 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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Doris B. Loose

1/25/08

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 CD ☒ Delete  
NAME MOORE, BARBARA  
STREET ADDRESS 5556 NE GULFSTREAM WAY  
CITY-ST-ZIP STUART, FL 34996

TITLE D ☐ Delete  
NAME HEAD, ALICE  
STREET ADDRESS 1997 SE CROWBERRY DRIVE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE D ☐ Delete  
NAME AUFORT, PAULETTE  
STREET ADDRESS 2950 SE OCEAN BLVD  
CITY-ST-ZIP STUART, FL 34996

TITLE D ☒ Delete  
NAME HEATH, PATRICIA  
STREET ADDRESS 14 CASTLE HILL WAY  
CITY-ST-ZIP STUART, FL 34996

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

TITLE D ☐ Delete  
NAME GRIER, PAMELA  
STREET ADDRESS 143 RIVINIA DRIVE  
CITY-ST-ZIP JUPITER, FL 33458

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

TITLE D ☐ Change ☒ Addition  
NAME Jane Ernst  
STREET ADDRESS 1800 S.E. St. Lucie Blvd. 12-103  
CITY-ST-ZIP Stuart, FL 34996

TITLE CD ☒ Change ☐ Addition  
NAME Head, Alice  
STREET ADDRESS 1997 S.E. Crowberry Drive  
CITY-ST-ZIP Port Saint Lucie, FL 34983

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

TITLE D ☐ Change ☐ Addition  
NAME Marcia Willis  
STREET ADDRESS 1530 S.W. Herder Rd.  
CITY-ST-ZIP Port St. Lucie, FL 34953

TITLE D ☐ Change ☒ Addition  
NAME Marie Witzel  
STREET ADDRESS 1600 S.E. St. Lucie Blvd #207  
CITY-ST-ZIP Stuart, FL 34996

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris B. Loose

1/25/08

DATE

Daytime Phone #

(772) 287-5888