

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702253

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** FIRST CHURCH OF CHRIST, SCIENTIST, STUART, FLORIDA, INC.

**Current Principal Place of Business:**

515 E OCEAN BLVD  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 E OCEAN BLVD  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 59-2096064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOOSE, DORIS CLERK  
2138 S.W. IMPERIAL ST  
PORT SAINT LUCIE, FL 34987 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOOSE, FRANKLIN B .  
Address: 2138 S.W. IMPERIAL ST.  
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

Title: VP  
Name: BROOKS, SANDRA  
Address: 2330 S.W. NEAL ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D  
Name: EHART, SUSAN  
Address: 1830 S.W. WILLOWBEND LANE  
City-St-Zip: PALM CITY, FL 34990 US

Title: D  
Name: GRIER, RICHARD  
Address: 143 RIVINIA DRIVE  
City-St-Zip: JUPITER, FL 33458 US

Title: D  
Name: SHAFFER, SUZANNE  
Address: 667 SE HARBOR VIEW DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORIS B. LOOSE

RA

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date