

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90057 020 ****61.25

DOCUMENT # 702503

1. Entity Name

FIRST CHURCH OF CHRIST SCIENTIST OF VERO
BEACH, FLORIDA INCORPORATED



Principal Place of Business

1602 23RD ST
VERO BEACH FL 32960

Mailing Address

1602 23RD ST
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2394601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

LEONARD-FREY, JOANNE
9580 FLEMING GRANT ROAD
MICCO FL 32976

7. Name and Address of New Registered Agent

Name

Joanne Leonard-Frey

Street Address (P.O. Box Number is Not Acceptable)

5120 Thompson Rd

City

Micco

FL

Zip Code

32976

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

Joanne Leonard-Frey

Joanne Leonard-Frey

2-8-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIDDER, JUNE	
STREET ADDRESS	5400 ECHO PINES CIR E	
CITY-ST-ZIP	ALBERTVILLE AL 35951	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENTON, JEANNETTE	
STREET ADDRESS	PO BOX 661	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FETZER, CARL III	
STREET ADDRESS	465 33RD AVE SW	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOK, THOMAS	
STREET ADDRESS	2400 S OCEAN DR 7615	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, BARBARA	
STREET ADDRESS	594 53RD SQ	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Golden	
STREET ADDRESS	821 26th Ave	
CITY-ST-ZIP	Vero Beach FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	June Flack	
STREET ADDRESS	1954-4 Westminster Cir	
CITY-ST-ZIP	Vero Beach FL 32966	
TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Willson	
STREET ADDRESS	645 Cypress Rd	
CITY-ST-ZIP	Vero Beach FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

June C Flack

June C Flack 2-8-05

772-778-9455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #