

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-17-2006 90062 043 ****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	
4. FEI Number 59-2394601				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONARD-FREY, JOANNE 5120 THOMPSON RD MICCO, FL 32976			7. Name and Address of New Registered Agent Name BARBARA E. REID Street Address (P.O. Box Number is Not Acceptable) 640 FIDDLEWOOD RD City VERO BEACH FL Zip Code 32963		
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: <u><i>Barbara E. Reid</i></u> DATE: <u>2-9-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDEN, PATRICIA		NAME	(D) JUNE FLACK	Chairman
STREET ADDRESS	821 26TH AVE		STREET ADDRESS	1954 WESTMINSTER CIR	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	D	<input type="checkbox"/> Delete	TITLE	(D) TIM WILLSON	Vice Chairman
NAME	DENTON, JEANNETTE		NAME	645 CYPRESS RD	
STREET ADDRESS	PO BOX 661		STREET ADDRESS	VERO BEACH, FL 32963	
CITY-ST-ZIP	ROSELAND, FL 32957		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	BM PATRICIA GOLDEN	Board member
NAME	FLACK, JUNE		NAME	821 26TH AVE	
STREET ADDRESS	1954 4 WESTMINSTER CIR		STREET ADDRESS	VERO BEACH, FL 32960	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	BM ENID SHAW	Board member
NAME	WILLSON, TIM		NAME	594 53RD SQ	
STREET ADDRESS	645 CYPRESS RD		STREET ADDRESS	VERO BEACH, FL 32968	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SHAW, BARBARA		NAME	PHIL REID	Board member
STREET ADDRESS	594 53RD SQ		STREET ADDRESS	640 FIDDLEWOOD RD	
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Barbara E. Reid</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		BARBARA E. REID, TREASURER Date: <u>772-567-3656</u> Daytime Phone #	



ATTACHMENT
66004354

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

FIRST CHURCH OF CHRIST SCIENTIST OF VERO BEACH, FLORIDA
1602 23RD ST
VERO BEACH, FL 32960

Subject: **FIRST CHURCH OF CHRIST SCIENTIST OF VERO BEACH, FLORIDA**

Reference Number: **702503**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION