2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702503

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 05, 2007 Secretary of State

Entity Name: FIRST CHURCH OF CHRIST SCIENTIST OF VERO BEACH, FLORIDA INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1602 23RD ST VERO BEACH, FL 32960 **Current Mailing Address: New Mailing Address:** 1602 23RD ST VERO BEACH, FL 32960 FEI Number: 59-2394601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REIO, BARBARA E REIO, BARBARA E 640 FIDDLEWOOD RD 307 HOLLY ROAD VERO BEACH, FL 32963 VERO BEACH, FL 32963 US US 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: 01/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FLACK, JUNE GREER, JOAN Name: Name: 19544 WESTMINISTER DRR Address: 5035 ST. JOSEPH'S ISLAND LN Address: City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: VERO BEACH, FL 32967 Title: Title: (X) Change () Addition () Delete WILLSON, TIM Name: SKILLIN, DEBORAH Name: Address: 645 CYPRESS RD Address: 300 HARBOR DRIVE #200A City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 Title: () Delete Title: BM (X) Change () Addition GOLDEN, PATRICIA HOUSTON, ALLENE Name: Name: 15 PLANTATION DRIVE #101 Address: 821 26TH AVE Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32966 (X) Change () Addition Title: вм () Delete Title: BM Name: SHAW, ENID Name: PAYNE, BETTY Address: 594 53RD SQ Address: 1436 ST. DAVID'S LN City-St-Zip: VERO BEACH, FL 32968 City-St-Zip: VERO BEACH, FL 32967

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: JOAN GREER D 01/05/2007

() Delete

(X) Delete

SHAW, BARBARA

VERO BEACH, FL 32968

640 FIDDLEWOOD DR

VERO BEACH, FL 32963

594 53RD SQ

RFID PHII

BM

(X) Change () Addition

() Change () Addition

INDIAN RIVER SHORES, FL 32963

IGLEHART, SALLY

PO BOX 8304