


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90001 012 \*\*\*\*61.25

**DOCUMENT # 702582**

1. Entity Name  
**FIFTH CHURCH OF CHRIST, SCIENTIST, MIAMI, FLORIDA, INC.**



Principal Place of Business  
**1600 N.W. 54 STREET MIAMI, FL 33142**

Mailing Address  
**1600 N.W. 54 STREET MIAMI, FL 33142**

**34073040**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

09142004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**56-2283341**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITESIDE, NELLIE**  
**3440 OAK AVENUE**  
**MIAMI, FL 33133**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by September 8, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	FERGUSON, HAROLD	
STREET ADDRESS	901 NW 66TH STREET	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITESIDE, NELLIE	
STREET ADDRESS	3440 OAK AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFIN, MARJORIE B	
STREET ADDRESS	1278 NW 55TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, MARJORIE B.	
STREET ADDRESS	1780 NW 82 ST.	
CITY-ST-ZIP	MIAMI, FL. 33147	
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		
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: *Nellie E. Whiteside* **9-14-04 (305) 443-8775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #