

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# 702582

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

**Current Principal Place of Business:**

1600 N.W. 54 STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1600 N.W. 54 STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 56-2283341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHITESIDE, NELLIE  
3440 OAK AVENUE  
MIAMI, FL 33133      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: SD      ( ) Delete  
Name: GRIFFIN, MARJORIE B  
Address: 1780 NW 82 ST  
City-St-Zip: MIAMI, FL 33147

Title: TD      ( ) Delete  
Name: WHITESIDE, NELLIE  
Address: 3440 OAK AVE  
City-St-Zip: MIAMI, FL 33133

Title: CD      ( ) Delete  
Name: EDWIN, LYONS  
Address: 3720 NW 170 ST.  
City-St-Zip: MIAMI, FL 33055

Title: PD      ( ) Delete  
Name: HAROLD, FERGUSON  
Address: 1600 NW 54 ST.  
City-St-Zip: MIAMI, FL 33142

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      ( ) Change (X) Addition  
Name: ROUNDTREE, JOHN  
Address: 1600 NW 54 ST.  
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: EDWIN LYONS, CLERK

CD

04/30/2009

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

\_\_\_\_\_  
Date