


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AF)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 26 AM 8:00

DOCUMENT # 703621					
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, BOCA RATON, FLORIDA, INC.					
Principal Place of Business 566 W PALMETTO PARK RD BOCA RATON FL 33432		Mailing Address 566 W PALMETTO PARK RD BOCA RATON FL 33432			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1143806	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>MELSON, BARBARA J</del> <del>577207 ARBOR CLUB WAY BLDG 1</del> <del>BOCA RATON FL 33493</del> Steven Berrie 3358 Lakeshore Dr. <del>Deerfield Beach, FL 33442</del>			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: <u>Steven Berrie</u> 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, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	VC <del>SIGURDSON, WENDY</del> <del>732 NW 25TH STREET</del> <del>WILSON MANOR FL 33611</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Chairman Steven Berrie 3358 Lakeshore Dr Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEIER, CHRISTIAN 4799 NW 96TH DR CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 900031287839 03/26/04--01095--006 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>JAMESON, ROBERT H</del> <del>2506 S OCEAN BLVD 11F</del> <del>BOCA RATON FL 33432</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert McCulloch Vice Ch. 2818 N.E. 28th St. E. Lauderdale, FL 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>MELSON, BARBARA</del> <del>577207 ARBOR CLUB WAY BLDG. 1</del> <del>BOCA RATON FL 33493</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Faye M. Mabry Bd.mem. 1074 NW 13th St. Boca Raton, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIE, STEVEN 3358 LAKESHORE DR DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Yvonne Boice 561 NE Golden Harbour Dr. Boca Raton, FL 33432 Bd. mem	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>WHINICK, STACEY</del> <del>328 ANDREWS AVE</del> <del>DELRAY BEACH FL 33483</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Doris Shaffer Bd.mem 1287 SW 16th St. Boca Raton, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>X</u> <u>Steven Berrie</u> 2-16-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



MOORE CR2E037 (11/03) *MRD*