

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90035 033 ****61.25

DOCUMENT # 703621
 1. Entity Name
FIRST CHURCH OF CHRIST, SCIENTIST, BOCA RATON, FLORIDA, INC.



Principal Place of Business Mailing Address
566 W PALMETTO PARK RD **566 W PALMETTO PARK RD**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1143806 Not Applicable

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

6. Name and Address of Current Registered Agent
~~BERRIE, STEVEN~~
~~9358 LAKESHORE DR.~~
~~DEERFIELD BEACH FL 33442~~

7. Name and Address of New Registered Agent
 Name **Mrs. Faye Mabry**
 Street Address (P.O. Box Number is Not Acceptable)
1074 N.W. 13th St.
 City **Boca Raton, FL** Zip Code
33432

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 **Faye M. Mabry** *Faye M. Mabry* *1/24/05* DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

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	BC	<input checked="" type="checkbox"/> Delete
NAME	BERRIE, STEVEN	
STREET ADDRESS	9358 LAKESHORE DR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEIER, CHRISTIAN	
STREET ADDRESS	4799 NW 36TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	MCGULLOCH, ROBERT	
STREET ADDRESS	2818 N E 28TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME	MABRY, FAYE M	
STREET ADDRESS	1074 NW 13TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	BM	<input type="checkbox"/> Delete
NAME	BOICE, YVONNE	
STREET ADDRESS	561 NW GOLDEN HARBOUR DR	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	BM	<input type="checkbox"/> Delete
NAME	SHAFFER, DORIS	
STREET ADDRESS	1287 SW 16TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Bd. Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harriette M. Hill	
STREET ADDRESS	745 Apple Tree Lane	
CITY-ST-ZIP	Boca Raton, Fl 33480	
TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Jamison	
STREET ADDRESS	250 S. Ocean Blvd. 11F	
CITY-ST-ZIP	Boca Raton, Fl 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Board Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Mabry, Faye M.	
CITY-ST-ZIP	1074 NW 13th St	
	Boca Raton, Fl 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **Faye M. Mabry** *Faye M. Mabry* *1/24/05* *1-561-347-8838*
Signature and typed or printed name of signing officer or director Date Daytime Phone #