

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90052 024 \*\*\*\*61.25

<b>DOCUMENT # 703726</b> 1. Entity Name <b>FIRST CHURCH OF CHRIST, SCIENTIST, DUNEDIN INC.</b>					
Principal Place of Business <b>1650 PINEHURST ROAD DUNEDIN, FL 34698 US</b>			Mailing Address <b>1650 PINEHURST ROAD DUNEDIN, FL 34698 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>70-3726620</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHOLET, SUZANNE MRS 1637 SAN MATEO DRIVE DUNEDIN, FL 34698</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOLAT, SUZANNE		NAME		
STREET ADDRESS	1637 SAN MATEO DRIVE		STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN, FL 34698		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNARD, KATHIE		NAME		
STREET ADDRESS	1460 VALE COURT		STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN, FL 34698		CITY - ST - ZIP		
TITLE	SDC <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COREY, RUTH H.		NAME	<b>JOHN READ</b>	
STREET ADDRESS	1199 LAZY LAKE DRIVE WEST		STREET ADDRESS	<b>1556 Cumberland Ct. W.</b>	
CITY - ST - ZIP	DUNEDIN, FL		CITY - ST - ZIP	<b>Palm Harbor, FL 34683</b>	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PATTERSON, ALTHEA F		NAME	<b>DONNA READ</b>	
STREET ADDRESS	2360 IRISH LANE #24		STREET ADDRESS	<b>1556 Cumberland Ct. W.</b>	
CITY - ST - ZIP	CLEARWATER, FL 33763		CITY - ST - ZIP	<b>Palm Harbor, FL 34683</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE: <i>Donna Read</i> DONNA READ</b>			<b>1/30/05 727 781-0568</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		