


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90023 034 ****61.25

DOCUMENT # 703726 1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, DUNEDIN INC.					
Principal Place of Business 1650 PINEHURST ROAD DUNEDIN, FL 34698 US			Mailing Address 1650 PINEHURST ROAD DUNEDIN, FL 34698 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DIAZ, EDINA 2046 BRAMPTON RD CLEARWATER, FL 33755				7. Name and Address of New Registered Agent Name Kathie Barnard Street Address (P.O. Box Number is Not Acceptable) 1460 Vale Ct. City Dunedin FL Zip Code 34698	
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><i>Kathie Barnard</i></u> DATE <u>4/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DC DIAZ, EDNA 2046 BRAMPTON RD CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC Lorraine Wilke 1290 Gulf Blvd #507 Clearwater Beach, FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARNARD, KATHIE 1460 VALE COURT DUNEDIN, FL 34698 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNARD, KATHIE 1460 VALE CT DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Carleen Thompson 100 Bluff View Dr. #205C Belleair Bluffs, FL 33770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATTERSON, ALTHEA 2380 IRISH LN 24 CLEARWATER, FL 33763 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALSH, GAIL 1420 OAK HILL DR APT 203 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sandra LeComte 29250 US Hwy 19 N #26 Clearwater, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Lorraine J. Wilke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/08 727-595-2906 <small>Date Daytime Phone #</small>		