2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703726

FILED Mar 15, 2009 Secretary of State

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, DUNEDIN INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1650 PINEH DUNEDIN,	- HURST RO		·		
Current Ma	ailing Addı	ress:	New Mailing Addres	New Mailing Address:	
1650 PINEH DUNEDIN,		AD US			
FEI Number:	70-3726620	FEI Number Applied For ()	El Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Address	of New Registered Agent:	
BARNARD, KATHIE 1460 VALE CRT DUNEDIN, FL 34698 US 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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WILKE, LOF 1290 GULF	() Delete RAINE BLVD STE 507 ER BEACH, FL 33767	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T BARNARD, F 1460 VALE O DUNEDIN, F	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOMPSON	VIEW DR STE 2056	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PATTERSON 2360 IRISH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D LECOMTE, S 29250 US H CLEARWAT		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KATHIE BARNARD T 03/15/2009