

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

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90024 019 ****61.25

DOCUMENT # 704884

1. Entity Name

SECOND CHURCH OF CHRIST, SCIENTIST, TAMPA,
FLORIDA, INC.



Principal Place of Business

1310 WEST LINEBAUGH AVE.
TAMPA FL 33612
US

Mailing Address

1310 WEST LINEBAUGH AVE.
TAMPA FL 33612
US

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

59-6145046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERBY, JOHN H
2512 VINY CT.
TAMPA FL 33618

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

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, 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	CT	<input checked="" type="checkbox"/> Delete
NAME	HERBY, JOHN	
STREET ADDRESS	2512 VINY COURT	
CITY-ST-ZIP	TAMPA FL 33618-1526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHATTERTON, MARLENE	
STREET ADDRESS	15402 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL 33613-1244	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, GINNY	
STREET ADDRESS	206 REDWOOD AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRINK, SHARON	
STREET ADDRESS	428 GLEN HAVEN LANE	
CITY-ST-ZIP	TAMPA FL 33624-3538	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDERHAUG, ELAINE	
STREET ADDRESS	16045 GLASS LAKE DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hennessey, William	
STREET ADDRESS	5414 Storm Rd.	
CITY-ST-ZIP	Lutz, FL 33558	
TITLE	Baker, Catherine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5734 Golden Owl Loop	
STREET ADDRESS	Land O Lakes, FL 34639	
CITY-ST-ZIP		
TITLE	Roberts-Miriam	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7742 Britton Wood Dr.	
STREET ADDRESS	Tampa, FL 33615	
CITY-ST-ZIP		
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:

Mary V. Hill Mary V. Hill

4-1-05

(treasurer)
813-961-7428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #