

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 705069

1. Entity Name
**CHRISTIAN SCIENCE SOCIETY, INC. TITUSVILLE,
FLORIDA**



Principal Place of Business
**705 HARRISON STREET
PO BOX 1677
TITUSVILLE, FL 32781-1677**

Mailing Address
**705 HARRISON STREET
PO BOX 1677
TITUSVILLE, FL 32781-1677**



03082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2327302 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ROWLAND, JAMES
45 SUNSET DR
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000085846
03/11/04-80064-008 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | ROWLAND, JAMES |
| STREET ADDRESS | 45 SUNSET DR |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | COOPER, PEGGY |
| STREET ADDRESS | 2655 BOBCAT TRAIL |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | SISSON, MARIEL |
| STREET ADDRESS | 1159 COUNTRY CLUB DR |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: James Rowland James Rowland 3/9/04 269-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #