


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

02-28-2005 90239 047 ****61.25

DOCUMENT # 705069

1. Entry Name
CHRISTIAN SCIENCE SOCIETY, INC. TITUSVILLE, FLORIDA



Principal Place of Business Mailing Address →

705 HARRISON STREET *b/c* **705 HARRISON STREET**
PO BOX 1677 **PO BOX 1677**
TITUSVILLE, FL 32781-1677 **TITUSVILLE, FL 32781-1677**

66007379



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02142005 Chg-NP CR2E037 (10/03)

8. Name and Address of Current Registered Agent

ROWLAND, JAMES
45 SUNSET DR
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name **Elizabeth Montagne**

Street Address (P.O. Box Number is Not Acceptable)
603 Plantation Dr.

City **Titusville** **FL** Zip Code **32780**

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: *Mariel Sisson* **MARIEL SISSON, Clerk** **Elizabeth Montagne**

3-22-05
2-25-05

DATE

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWLAND, JAMES <i>deceased please add</i> 45 SUNSET DR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. BETTY MONTAGNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 603 E. PLANTATION DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, PEGGY 2655 BOBCAT TRAIL TITUSVILLE, FL 32780 <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 SISSON, MARIEL 1159 COUNTRY CLUB DR TITUSVILLE, FL 32780 <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	<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	<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	<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 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: *Elizabeth Montagne* **Elizabeth Montagne** *2-25-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date to Phone 3