


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90008 030 ****61.25

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 PO BOX 1677 TITUSVILLE FL 32781-1677	
2. Principal Place of Business - No P.O. Box # 333 So. WASHINGTON AVE Suite, Apt. #, etc. D	3. Mailing Address P.O. BOX 1677 Suite, Apt. #, etc.	
City & State TITUSVILLE, FL.	City & State TITUSVILLE, FL.	
Zip 32780	Country BREVARD	Zip 32780
Country BREVARD	4. FEI Number 59-2327302	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent MONTAGNE, ELIZABETH 603 PLANTATION DR TITUSVILLE FL 32780	7. Name and Address of New Registered Agent Name MARTYN VAN HEMERT Street Address (P.O. Box Number is Not Acceptable) 3752 SAWGRASS DR. City TITUSVILLE, FL Zip Code 32780
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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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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. CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAGNE, BETTY MS 603 E PLANTATION DRIVE TITUSVILLE FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VAN HEMERT, MARTYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3752 SAWGRASS DR TITUSVILLE, FL-32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSON, MARIEL 1159 COUNTRY CLUB DR TITUSVILLE FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOL, MARY 773 E PLANTATION DR TITUSVILLE FL 32780	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 exemptions contained in Section 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: **MARTYN VAN HEMERT**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 Feb. 2007 - 321-268-9810