

# 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

3. Mailing Address

P.O. BOX 1677

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

TITUSVILLE FL.

City & State

TITUSVILLE, FL.

4. FEI Number

59-2327302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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**

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, 2007**

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 ☐ Delete  
NAME **D MONTAGNE, BETTY MS**  
STREET ADDRESS **603 E PLANTATION DRIVE**  
CITY-STATE-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Delete  
NAME **D SISSON, MARIEL**  
STREET ADDRESS **1159 COUNTRY CLUB DR**  
CITY-STATE-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Delete  
NAME **D NICOL, MARY**  
STREET ADDRESS **773 E PLANTATION DR**  
CITY-STATE-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. TREASURER OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **VAN HEMERT, MARTYN**  
STREET ADDRESS **3752 SAWGRASS DR**  
CITY-STATE-ZIP **TITUSVILLE, FL- 32780**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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**