


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90014 041 ****61.25

DOCUMENT # 705766
1. Entity Name
FIRST CHURCH OF CHRIST SCIENTIST, CORAL GABLES, FLORIDA




Principal Place of Business Mailing Address
P.O. BOX 140504 P.O. BOX 140504
CORAL GABLES FL 33114-7504 CORAL GABLES FL 33114-7504

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-0637839** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RICHARD, KEEBLE
650 SAN ANTONIO AVE
MIAMI FL 33134**

7. Name and Address of New Registered Agent
Name **JANE T. KEEBLE**
Street Address (P.O. Box Number is Not Acceptable)
622 San Antonio Ave
City **Coral Gables** **FL** Zip Code **33146**

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 Jane T. Keeble Jane T. Keeble, Secretary Feb. 9, 2004
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, 2004**

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	C	<input checked="" type="checkbox"/> Delete
NAME	MIRIAM, MADES	
STREET ADDRESS	105 W. SUNRISE AVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	HARPER, LUCY	
STREET ADDRESS	4210 DOUGLAS RD	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, KEEBLE	
STREET ADDRESS	622 SAN ANTONIO AVE	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ECHEVARRIA, YOLANDA	
STREET ADDRESS	1640 SW 69 AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATHRYN, O'BRIEN	
STREET ADDRESS	1045 CASTLE AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucy Harper	
STREET ADDRESS	4210 Douglas Road	
CITY-ST-ZIP	Coral Gables, FL 33133	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eduardo Rojas	
STREET ADDRESS	4540 SW 5th St.	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane T. Keeble	
STREET ADDRESS	622 San Antonio Ave.	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Talbot Trammell	
STREET ADDRESS	650 Coral Way, #201	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yolanda Echevarria	
STREET ADDRESS	1640 SW 69 Ave	
CITY-ST-ZIP	Miami, FL 33155	
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: Jane T. Keeble Jane T. Keeble, Secretary Feb. 9, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-443-1427