


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90002 033 ****61.25

DOCUMENT # 705766					
1. Entity Name FIRST CHURCH OF CHRIST SCIENTIST, CORAL GABLES, FLORIDA					
Principal Place of Business P.O. BOX 140504 CORAL GABLES, FL 33114-7504			Mailing Address P.O. BOX 140504 CORAL GABLES, FL 33114-7504		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0637839	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MADES, MIRIAM 105 W. SUNRISE AVE MIAMI, FL 33133			Name Miriam Mades		
			Street Address (P.O. Box Number is Not Acceptable) 9066 SW 73 Ct., #909		
			City Miami FL Zip Code 33156		
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 <i>Miriam Mades</i>		Miriam Mades, Chair		1/29/2007	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEEB, VICTOR		NAME	GUILER, RICHARD	
STREET ADDRESS	4098 MALAGA AVE		STREET ADDRESS	2520 LEJEUNE RD.	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLINE, DOROTHY		NAME		
STREET ADDRESS	6510 MAYNADA ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADES, MIRIAM		NAME	MADES, MIRIAM	
STREET ADDRESS	105 W. SUNRISE AVE		STREET ADDRESS	9066 SW 73 Ct., #909	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLO, BETTY		NAME		
STREET ADDRESS	3714 HARLANO ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, LYNN		NAME	STEEB, TONI	
STREET ADDRESS	1113 CAMPO SANO AVE		STREET ADDRESS	4098 MALAGA, AV	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Miriam Mades</i>		Miriam Mades, Chair		1/29/2007 305-443-1427	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	