

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90015 018 ****61.25

DOCUMENT # 706326

1. Entity Name
**FIRST CHURCH OF CHRIST, SCIENTIST, EUSTIS,
FLORIDA**



Principal Place of Business
**108 MAGNOLIA AVE
EUSTIS, FL 32726**

Mailing Address
**108 MAGNOLIA AVE
EUSTIS, FL 32726**

50000454



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-6032872

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEDSOLE, BETTY J
501 W OLD HWY 441
UNIT C-401
MOUNT DORA, FL 32757**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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**
HEPNER, DIANA
STREET ADDRESS **12 FOREST LANE**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☒ Delete
NAME **VC**
KINDLE, SUSAN
STREET ADDRESS **802 HASELTON ST**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☐ Delete
NAME **C**
SMITH-COLLINS32, DIANE
STREET ADDRESS **200 DEVAULT ST**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE ☒ Delete
NAME **D**
MAKER, SALLY J
STREET ADDRESS **2150 ARBOR WAY**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE ☐ Delete
NAME **STUHL, SHIRLEY**
STREET ADDRESS **33500 OVERTON DR.**
CITY-ST-ZIP **LEEBOURG, FL 34788**

TITLE ☒ Delete
NAME **D**
HASSEL BRIND, CAROLE
STREET ADDRESS **4045 CENTER STREET**
CITY-ST-ZIP **EUSTIS, FL 32726**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
COLLIGAN, LISE
STREET ADDRESS **601 N. McDONALD ST.**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
RNSIGN, KATHARINE
STREET ADDRESS **71 ORANGE BLOSSOM DR.**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
PRYOR, MARY
STREET ADDRESS **19420 S. LAKEVIEW DR.**
CITY-ST-ZIP **ALTOONA, FL 32702**

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

TITLE ☒ Change ☐ Addition
NAME **VICE-CHAIRMAN**
STUHL, SHIRLEY
STREET ADDRESS **1031 LAKE PEARL PL**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Shirley Stuhl Vice-Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 352-357-9943
Date Daytime Phone #

SHIRLEY STUHL, VICE-CHAIRMAN