

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90106 049 ****61.25

DOCUMENT # 706330

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, SEMINOLE,
FLORIDA, INC.



Principal Place of Business

6245 SEMINOLE BLVD
SEMINOLE FL 32752
US

Mailing Address

6245 SEMINOLE BLVD
SEMINOLE FL 32752
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2846974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORMIER, LYNN J
1090 IMPERIAL PALM DR
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

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

3713 IMPERIAL PALM DR

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

Lynn Cormier

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 29, 2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	CARTER, ALFRED	
STREET ADDRESS	3390 GANDY BLVD N LOT 70	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702-2098	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ZABRISKIE, HELEN M	
STREET ADDRESS	9790 66TH STREET N, LOT 110	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PALARDY, SANDRA	
STREET ADDRESS	1000 32ND ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, LYNN	
STREET ADDRESS	9940 69TH STREET N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CYNTHIA	
STREET ADDRESS	9812 85TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, VIRGINIA	
STREET ADDRESS	9940 47TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J Lynn Cormier	
STREET ADDRESS	3713 Imperial Palm Dr	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	Director + Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila DelPort	
STREET ADDRESS	9802 Indian Key Trail	
CITY-ST-ZIP	SEMINOLE FL 33776	

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:

Lynn Cormier (J Lynn Cormier)

DATE

Daytime Phone #

727-556-3352

April 29, 2005