2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706330

FILED Apr 16, 2009 Secretary of State

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, SEMINOLE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 6245 SEMINOLE BLVD SEMINOLE, FL 32752 US **Current Mailing Address: New Mailing Address:** 6245 SEMINOLE BLVD SEMINOLE, FL 32752 US FEI Number: 59-2846974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORMIER, LYNN J TREAS. CORMIER, LYNN J TREAS. 250 58TH ST NORTH 1666 PASADENA DR DUNEDIN, FL 34698 US APT #508 ST PETERSBURG, FL 33710 US 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. SIGNATURE: 04/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RICHARD, LYNN Z CLERK Name: Name: 9940 69TH STREET NO. Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CORMIER, J LYNN TREAS. Name: Address: 250 58TH ST NORTH, APT, 1505 Address: City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: Title: () Delete Title: (X) Change () Addition HUMM, KAREN DIR. Name: HUMM, KAREN CHAIR. Name: Address: 12311 91ST AVE. NO Address: 12311 91ST AVE. NO City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772 Title: () Delete Title: () Change () Addition ZABRISKIE, HÉLEN M DIR. Name: Name: Address: 9790 66TH STREET NO LOT #10 Address: PINELLAS PARK, FL 33782 City-St-Zip: City-St-Zip: Title: () Delete Title: CD (X) Change () Addition DELPORT, SHEILA CHAIR. HYER, JUNE DIR. Name: Name: 9802 INDIAN KEYTRAIL 9802 INDIAN KEYTRAIL Address: Address: SEMINOLE, FL 33776 City-St-Zip: SEMINOLE, FL 33776 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J LYNN CORMIER TREA 04/16/2009