


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

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90046 014 \*\*\*\*61.25

<b>DOCUMENT # 706386</b>					
1. Entity Name <b>CHRISTIAN SCIENCE SOCIETY, INC., BROOKSVILLE, FLORIDA</b>					
Principal Place of Business <b>210 BELL AVE. BROOKSVILLE FL 34601</b>		Mailing Address <b>P.O. BOX 64 BROOKSVILLE FL 34605 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6133751</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DYSART, JAMES H 1277 SABRA DRIVE BROOKSVILLE FL 34601</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BOWERS, PATRICIA</b>	NAME			
STREET ADDRESS	<del>990 N BROAD ST #200</del> <b>3133 CLARE CT.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DYSART, JAMES H</b>	NAME			
STREET ADDRESS	<b>1277 SABRA DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NAEGELI, MARILYN N</b>	NAME			
STREET ADDRESS	<b>8021 MORIAH AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BROOKSVILLE FL 34613</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HALLER, ROBERT</b>	NAME			
STREET ADDRESS	<b>9223 TARIETON CIRCLE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WEEKI WACHEE FL 34613</b>	CITY-ST-ZIP			
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			
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 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: <i>James H Dysart</i>			Date: <b>1-28-04</b>		Daytime Phone #: <b>352-7990099</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>