2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # 706386** 1. Entity Name 04-13-2006 90544 001 ****61.25 CHRISTIAN SCIENCE SOCIETY, INC., BROOKSVILLE, 04-13-2006 90544 002 *****8.75 Principal Place of Business Maiting Address 210 BELL AVE. P.O. BOX 64 **BROOKSVILLE FL 34601 BROOKSVILLE FL 34605** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 59-6133751 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARY DYSART Street Address (P.O. Box Number is Not Acceptable) DYSART, JAMES H 1277 SABRA DRIVE **BROOKSVILLE FL 34601** 277 SABRA DRIVE ROOKSVILLE 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Oelete TITLE TITLE MARY DYSART DRIVE BOWERS, PATRICIA NAME BROOKS VILLE, FL. 34601 D TOHNS. STOUT 25048 MALVERN STREET BROOKSVILLE, FL. 34601 3133 CLARE CT. STREET ADDRESS STREET ADDRESS BROOKSVILLE FL 34601 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE DYSART, JAMES H NAME NAME STREET ADDRESS 1277 SABRA DRIVE STREET ADDRESS **BROOKSVILLE FL 34601** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete NAME NAEGELI, MARILYN N STREET ADDRESS 8021 MORIAH AVE STREET ADDRESS **BROOKSVILLE FL 34613** CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE ☐ Change ☐ Addition HALLER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 9223 TARIETON CIRCLE CITY-ST-7IP WEEKI WACHEE FL 34613 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

with all other like empowered.

SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address,

SIGNATURE:

FILED