## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT #706386** 04-30-2007 90781 001 \*\*\*\*\*8.75 04-30-2007 90781 002 \*\*\*\*61.25 CHRÍSTIAN SCIENCE SOCIETY, INC., BROOKSVILLE, **FLORIDA** Principal Place of Business Mailing Address 66012036 210 BELL AVE. P.O. BOX 64 BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34605 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 59-6133751 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent George DYSART, MARY 1277 SABRA DRIVE BROOKSVILLE, FL 34601 NooRE 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE D □ Delete тпіғ ☐ Addition PATE, GEORGE Rd. **BOWERS, PATRICIA** NAME NAME STREET ADDRESS STREET ADDRESS 3133 CLARE CT. CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-ZIP ☐ Addition TITLE Delete TITI F DYSART, MARY NAME NAME 1277 SABRA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-78 BROOKSVILLE, FL 34601 CITY-ST-ZIP MLE ☐ Addition TITLE Delete STOUT, JOHNS NAME STREET ADDRESS STREET ADDRESS 25048 MALVERN ST BROOKSVILLE, FL 34601 CITY-ST-73P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CSTY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition TITLE NAME 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 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.

**FILED**