## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 706744**

City-St-Zip:

PEMBROKE PINES, FL 33084

FILED Apr 30, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1260 S.W. 55TH TERRACE PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** 1260 S.W. 55TH TERRACE PLANTATION, FL 33317 FEI Number: 59-0219728 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANDEL, PATRICIA CLERK STEINBERG, KATHY CLERK 1137 NW 122 TERRACE 4611 S UNIVERSITY DRIVE #211 DAVIE, FL 33328 PEMBROKE PINES, FL 33026 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: KATHY STEINBERG 04/30/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HENDERSON, DEBORA K Name: Name: 2121 SW 28TH WAY Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: Title: SD () Delete Title: (X) Change ( ) Addition MANDEL, PATRICIA Name: PERSINA, TRUDY Name: Address: 4611 S UNIVERSITY DRIVE #211 Address: 2791 PINELSLAND RD #206 City-St-Zip: **DAVIE, FL 33328** City-St-Zip: SUNRISE, FL 33322 Title: () Delete Title: () Change () Addition FARRELL, DEBORAH Name: Name: 5540 CYPRESS ROAD Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: ( ) Delete Title: CPD Title: **CPSD** (X) Change ( ) Addition STEINBERG, KATHY Name: STEINBERG, KATHY Name: Address: 1137 NW 122 TERRACE Address: 1137 NW 122 TERRACE City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026 Title: () Delete Title: (X) Change ( ) Addition HANSEN, HEIDI PEFFLEY, GERALDINE Name: Name: PO BOX 848811 1401 SW 135TH TERRACE BLDG H-311 Address: Address:

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.

City-St-Zip:

PEMBROKE PINES, FL 33027

SIGNATURE: DEBORA K HENDERSON T 04/30/2007