


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

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90022 041 \*\*\*\*61.25

<b>DOCUMENT # 706773</b>							
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, INC. BOYNTON BEACH, FLORIDA							
Principal Place of Business 2121 S. SEACREST BLVD. BOYNTON BEACH FL 33435		Mailing Address 2121 S. SEACREST BLVD. BOYNTON BEACH FL 33435					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-1407279</b>			
Zip		Country		Applied For Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>WOLF, LORNA E</b> <del>4675 FRANWOOD DR</del> <i>508 Sandpaper Circle</i> DELRAY BEACH FL 33445			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 <i>Lorna E. Wolf</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>March 28, 2004</i>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PITTERS, ROBERT M		NAME				
STREET ADDRESS	2303 CHADWICK CT.		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HENDLER, CAROLYN A		NAME				
STREET ADDRESS	11173 KAPALUA WAY		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BORRADAILE, SYLVIA		NAME				
STREET ADDRESS	330 N.E. 26TH AVE. #416		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SMITH, NED		NAME				
STREET ADDRESS	345-C MAIN BLVD., #1C		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WOLF, LORNA E		NAME				
STREET ADDRESS	4675 FRANWOOD DR		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33445		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>Carolyn A. Hender</i>		Date: <i>3/22/04</i>		Daytime Phone #: <i>561-731-3295</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			