


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90088 029 \*\*\*\*61.25

<b>DOCUMENT # 706773</b>	
1. Entity Name <b>FIRST CHURCH OF CHRIST, SCIENTIST, INC. BOYNTON BEACH, FLORIDA</b>	

Principal Place of Business <b>2121 S. SEACREST BLVD. BOYNTON BEACH FL 33435</b>	Mailing Address <b>2121 S. SEACREST BLVD. BOYNTON BEACH FL 33435</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1407279</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WOLF, LORNA E 508 SANDPIPER CIRCLE DELRAY BEACH FL 33445</b>	7. Name and Address of New Registered Agent Name <b>NED E. SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>345 C MAIN BLVD.</b> City <b>BOYNTON BEACH</b> FL Zip Code <b>33435</b>
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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 Ned E Smith (NOTE: Registered Agent signature required when reinstating) DATE April 26 05

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PITERS, ROBERT M 2303 CHADWICK CT. BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD ESTHER BACHMAN 1815 SW CONGRESS BLVD. BOYNTON BEACH, FL. 33426</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>90 CLERK HENDLER, CAROLYN A 11173 KAPALUA WAY BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GILBERT IVES 376 COLONY KEY CR. ATLANTA, FL. 33462</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BORRADAILE, SYLVIA 330 N.E. 26TH AVE. #416 BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD SMITH, NED 345-C MAIN BLVD., #1C BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD WOLF, LORNA E 4675 FRANWOOD DR DELRAY BEACH FL 33445</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ned E Smith Treasurer DATE April 27  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR