

# 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

**DOCUMENT # 706773**  
 1. Entity Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, INC.**  
**BOYNTON BEACH, FLORIDA**



Principal Place of Business      Mailing Address  
**2121 S. SEACREST BLVD.**  
**BOYNTON BEACH FL 33435**      **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

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1407279**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**WOLF, LORNA E**  
**508 SANDPIPER CIRCLE**  
**DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent  
 Name **NED E. SMITH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**345 C MAIN BLVD.**  
 City **BOYNTON BEACH**      FL      Zip Code **33435**

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*      DATE *April 26, 05*  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PITTERS, ROBERT M</b> <b>2303 CHADWICK CT.</b> <b>BOYNTON BEACH FL 33436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>CLERK</b> <b>HENDLER, CAROLYN A</b> <b>11173 KAPALUA WAY</b> <b>BOYNTON BEACH FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>BORRADAILE, SYLVIA</b> <b>330 N.E. 26TH AVE. #416</b> <b>BOYNTON BEACH FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD</b> <b>SMITH, NED</b> <b>345-C MAIN BLVD., #1C</b> <b>BOYNTON BEACH FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>CD</b> <b>WOLF, LORNA E</b> <b>4675 FRANWOOD DR</b> <b>DELRAY BEACH FL 33445</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CD</b> <b>ESTHER BACHMAN</b> <b>1815 SW CONGRESS BLVD.</b> <b>BOYNTON BEACH, FL. 33426</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>GILBERT IVES</b> <b>376 COLONY KEY CR.</b> <b>ATLANTIS, FL. 33462</b>
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"/> Change <input type="checkbox"/> Addition
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,*      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR