


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90207 005 \*\*\*\*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			
Zip	Country	Zip	Country	4. FEI Number 59-1407279	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, NED E 346 C MAIN BLVD BOYNTON BEACH, FL 33435			Name Lorna E. Wolf		
			Street Address (P.O. Box Number is Not Acceptable)		
			508 Sandpiper Circle		
			City Delray Beach		Zip Code FL 33445
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> Lorna E. Wolf			4/20/06		DATE
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD BACHMAN, ESTHER 1815 SW CONGRESS BLVD BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caryn Hendler 11173 Kopalua Way Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVES, GILBERT 378 COLONY KEY DR LAKE WORTH, FL 33482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Hexter 2 Camden Lane Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORRADAILE, SYLVIA 330 N.E. 28TH AVE. #416 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lyla Derrci 2615 NE 3rd #208 Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, NED 345-C MAIN BLVD., #1C BOYNTON BEACH, FL 33435	<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
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 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.					
SIGNATURE: <i>Esther H. Bachman-Chroffed</i> Lorna E. Wolf, Treasurer			4/20/06		561-638-4968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #