

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90412 009 \*\*\*\*61.25

**DOCUMENT # 706773**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1407279**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLF, LORNA E  
508 SANDPIPER CIRCLE  
BOYNTON BEACH, FL 33435**

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 *Lorna E. Wolf*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **CD** ☒ Delete  
NAME **BACHMAN, ESTHER**  
STREET ADDRESS **1815 SW CONGRESS BLVD**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **D** ☒ Delete  
NAME **IVES, GILBERT**  
STREET ADDRESS **376 COLONY KEY DR**  
CITY-ST-ZIP **LAKE WORTH, FL 33462**

TITLE **D** ☒ Delete  
NAME **DERICI, LYLA**  
STREET ADDRESS **2615 N.E. 3RD CRT #208**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE **D** ☐ Delete  
NAME **HENDLER, CAROLYN**  
STREET ADDRESS **1173 KAPLAIA WAY**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** ☐ Delete  
NAME **HERTER, BETTY**  
STREET ADDRESS **2 CAMDAN LANE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHAIRMAN** ☒ Change ☐ Addition  
NAME **FRANK E. RILEY**  
STREET ADDRESS **5000 N. OCEAN BLVD - G13**  
CITY-ST-ZIP **BRINY BREEZES, FL 33435**

TITLE **D** ☐ Change ☐ Addition  
NAME **Elizabeth Ives**  
STREET ADDRESS **376 Colony Key**  
CITY-ST-ZIP **Lake Worth, FL 33462**

TITLE ☐ Change ☐ Addition  
NAME **Lorna E. Wolf, Treasurer**  
STREET ADDRESS **508 Sandpiper Circle**  
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Lorna W. Wolf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08  
Date

732-5610  
Daytime Phone #