

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90070 023 ****61.25

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DOCUMENT # 709057 1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, SEBRING, FLORIDA, INC.					
Principal Place of Business CHRISTIAN SCIENCE SOCIETY 146 NO FRANKLIN ST SEBRING, FL 33870			Mailing Address 146 NO FRANKLIN ST SEBRING, FL 33870 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 59-1094835				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIVINGSTON, JAMES 445 SOUTH COMMERCE SEBRING, FL 33870			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	CD <input type="checkbox"/> Delete		TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOTTIE, CATHERINE		NAME	Hatfield, Catherine	
STREET ADDRESS	355 EDGEWATER POINT DR		STREET ADDRESS	1355 Edgewater Point Dr.	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Sebring FL 33870	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEDENBERG, DHERE		NAME	Koeppe, Shirley	
STREET ADDRESS	4301 LAKE VISTA DRIVE		STREET ADDRESS	517 Ryan Rd.	
CITY-ST-ZIP	SEBRING, FL 338754180		CITY-ST-ZIP	Sebring, FL 33876	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	METZGER, RALPH		NAME	welch, Virginia	
STREET ADDRESS	9124 MARKLAND LN		STREET ADDRESS	110 marbet Dr.	
CITY-ST-ZIP	SEBRING, FL 338755905		CITY-ST-ZIP	Lake Placid FL 33852	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOSES, FLORENCE		NAME	Pfeiffer, Marian	
STREET ADDRESS	928 LAKE DAMON DR		STREET ADDRESS	103 Villa Ave.	
CITY-ST-ZIP	AVON PARK, FL 338258356		CITY-ST-ZIP	Lake Placid FL 33852	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NORD, JUNE		NAME	Crowley, Pat	
STREET ADDRESS	6418 6TH AVE W		STREET ADDRESS	216 Rivison Ave	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Sebring FL 33876	
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	COONLEY, DOROTHY V		NAME		
STREET ADDRESS	6750 US 27 NORTH, A-1		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338701262		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: P. Crowley (Pat Crowley) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-27-04 863-385-6550 <small>Date Daytime Phone #</small>		