


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90031 012 \*\*\*\*61.25

<b>DOCUMENT # 709057</b> 1. Entity Name <b>FIRST CHURCH OF CHRIST; SCIENTIST, SEBRING, FLORIDA, INC.</b>					
Principal Place of Business <b>CHRISTIAN SCIENCE SOCIETY</b> <b>146 NO FRANKLIN ST</b> <b>SEBRING, FL 33870</b>			Mailing Address <b>146 NO FRANKLIN ST</b> <b>SEBRING, FL 33870 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1094835</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LIVINGSTON, JAMES</b> <b>445 SOUTH COMMERCE</b> <b>SEBRING, FL 33870</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 <b>HOTTIE, CATHERINE</b> <b>1355 EDGEWATER POINT DR.</b> <b>SEBRING, FL 33870</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Christy, Edward</b> <b>111 Lake Francis Dr.</b> <b>Lake Placid, FL 33852</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOEPEL, SHIRLEY</b> <b>517 RYAN RD.</b> <b>SEBRING, FL 33876</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hummel, Robert</b> <b>310 Sparrow Ave</b> <b>Sebring FL 33872</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WELCH, VIRGINIA</b> <b>110 MARBET DR.</b> <b>LAKE PLACID, FL 33852</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hedenberg, marjorie <b>4801 Lake Vista Dr.</b> <b>Sebring FL 33875</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PFEIFFER, MARIAN</b> <b>103 VILLA AVE.</b> <b>LAKE PLACID, FL 33852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hedenberg, marjorie <b>4801 Lake Vista Dr.</b> <b>Sebring FL 33875</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CROWLEY, PAT</b> <b>216 REVSON AVE.</b> <b>SEBRING, FL 33876</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hedenberg, marjorie <b>4801 Lake Vista Dr.</b> <b>Sebring FL 33875</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>COONLEY, DOROTHY V</b> <b>6750 US 27 NORTH, A-1</b> <b>SEBRING, FL 338701262</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hedenberg, marjorie <b>4801 Lake Vista Dr.</b> <b>Sebring FL 33875</b>	<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.					
<b>SIGNATURE:</b> <u>Edward H. Christy, Jr., CD</u> <span style="float: right;">1/23/05 863-784-7115</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					