

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 010 ****61.25

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		4. FEI Number 59-1094835	
Zip		Country		Zip	
Country		Country		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	
LIVINGSTON, JAMES 445 SOUTH COMMERCE SEBRING, FL 33870				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, and address. (If 15: Registered Agent's signature required when changing)</small> <small>DATE</small>					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete CHRISTY, EDWARD 111 LAKE FRANCIS DRIVE LAKE PLACID, FL 33852				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUMMEL, ROBERT 310 SPARROW AVENUE SEBRING, FL 33872				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WELCH, VIRGINIA 110 MARBET DR. LAKE PLACID, FL 33852				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HEDENBERG, MARJORIE 4301 LAKE VISTA DRIVE SEBRING, FL 33875				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CROWLEY, PAT 216 REVSON AVE. SEBRING, FL 33876				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete COONLEY, DOROTHY V 6750 US 27 NORTH, A-1 SEBRING, FL 338701262				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Christy, Edward 111 Lake Francis Dr. Lake Placid FL 33852					
CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hummel, Robert 310 Sparrow Ave Sebring FL 33872					
D <input type="checkbox"/> Change <input type="checkbox"/> Addition					
D <input type="checkbox"/> Change <input type="checkbox"/> Addition					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Koepfel, Shirley 511 Ryan Rd. Sebring FL 33876					
D <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: <u>Robert Hummel</u> <u>Robert Hummel</u> <u>2/15/06</u> <u>863-471-1814</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					