
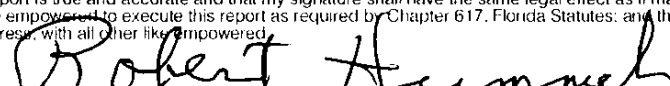


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90028 019 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2585538	
Zip		Country		5. Certificate of Status Desired <input checked="" 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 officer or director)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D CHRISTY, EDWARD <input type="checkbox"/> Delete 111 LAKE PRANCIS DRIVE LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY ST ZIP	D Catherine Hatfield <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1355 Edgewater Point Dr. Sebring FL 33870	
TITLE NAME STREET ADDRESS CITY ST ZIP	CD <input type="checkbox"/> Delete HUMMEL, ROBERT 310 SPARROW AVENUE SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Delete HEDENBERG, MARJORIE 4301 LAKE VISTA DRIVE SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete KOEPPPEL, SHIRLEY 517 RYAN ROAD SEBRING, FL 33876		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	T <input type="checkbox"/> Delete COONLEY, DOROTHY V 6750 US 27 NORTH, A-1 SEBRING, FL 338701262		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:  1-26-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01192007 Chg-NP CR2E037 (12/06)