


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90683 027 \*\*\*\*61.25

<b>DOCUMENT # 709095</b> 1. Entity Name <b>FIRST CHURCH OF CHRIST, SCIENTIST, LAUDERDALE BY-THE SEA, FLORIDA, INC.</b>					
Principal Place of Business <b>251 COMMERCIAL BLVD LAUDERDALE-BY-THE-SEA, FL 33308</b>			Mailing Address <b>251 COMMERCIAL BLVD LAUDERDALE-BY-THE-SEA, FL 33308</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TUTING, FERN 1410 NW 42 ST FORT LAUDERDALE, FL 33309				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNESS, ELEANORE		NAME		
STREET ADDRESS	380 SE 59TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RYAN, BARBARA		NAME	D MARGARET LEVI	
STREET ADDRESS	3300 NE 36 STREET #1002		STREET ADDRESS	1000 S. OCEAN BLVD PH-0	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUTING, FERN		NAME		
STREET ADDRESS	1410 NW 42 ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIRTH, CATHY		NAME		
STREET ADDRESS	267 ALGIERS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIN, FRANK		NAME		
STREET ADDRESS	4301 NE 17TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Fern Tutting</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
			FERN TUTING 4/9/04 (954) 491-6590		
			Date Daytime Phone #		