


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 709095</b>	
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, LAUDERDALE BY THE SEA, FLORIDA, INC.	

Principal Place of Business 251 COMMERCIAL BLVD LAUDERDALE-BY-THE-SEA, FL 33308	Mailing Address 251 COMMERCIAL BLVD LAUDERDALE-BY-THE-SEA, FL 33308
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2439260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TUTING, FERN  
1410 NW 42 ST  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000907814  
05/06/08 80888 000 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVI, MARGARET 1000 S. OCEAN BLVD PH-O POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TUTING, FERN 1410 NW 42 ST FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WIRTH, CATHY 267 ALGIERS AVENUE LAUDERDALE BY THE SEA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, FRANK 4301 NE 17TH AVE OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TUTING, FERN 1410 NW 42 ST FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Fern Tutino* **FERN TUTINO** 4/14/08 (954)732-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #