


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90007 044 ****61.25

DOCUMENT # 709474 1. Entity Name CHRISTIAN SCIENCE SOCIETY HOLLYWOOD, FL., INC.	
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Principal Place of Business 5726 WASHINGTON ST HOLLYWOOD, FL 33023	Mailing Address 5726 WASHINGTON ST HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



03112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1367786	Applied For... Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAIN, MARY J 218 S. 56 TERR HOLLYWOOD, FL 33023

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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 if applicable. (NOTE: Registered Agent signature required when retesting)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KAIN, MARY JANE 218 S 56 TERRACE HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE CORNU, DALE 8653 SHERATON DRIVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE CORNU, YVONNE 8653 SHERATON DR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASOWITCH, BARBARA 10244 S.W. 12 ST. PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHANNON, PATRICIA 901 S. 24 TERR. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: <i>Patricia Shannon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03-16-04 954-920-8558 <small>Date Daytime Phone #</small>
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#709474

3-16-04

H. Dept of State:

We were given a new tax I.D. #90-0017431,
we were told the old number was not a
valid number.

Sincerely,
Patricia Shannon
Treasurer