


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90050 016 \*\*\*\*70.00

|   |  |   |         |  |  |
|---|--|---|---------|--|--|
| <b>DOCUMENT # 709474</b><br>1. Entity Name<br><b>CHRISTIAN SCIENCE SOCIETY HOLLYWOOD, FL., INC.</b>   |  |   |         |   |  |
| Principal Place of Business<br>5726 WASHINGTON ST<br>HOLLYWOOD, FL 33023  |  |   |         | Mailing Address<br>5726 WASHINGTON ST<br>HOLLYWOOD, FL 33023   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |         |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |         |  |  |
| City & State  |  | City & State  |         |  |  |
| Zip   | Country  | Zip   | Country |  |  |
| 8. Name and Address of Current Registered Agent<br><br><b>KAIN, MARY J</b><br><b>218 S. 56 TERR</b><br><b>HOLLYWOOD, FL 33023</b>   |  |   |         | 7. Name and Address of New Registered Agent<br>Name <b>Patricia Shannon</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>901 S. 24th Terrace</b><br>City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33020</b> |  |
| 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 <i>Patricia Shannon</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |         | DATE <b>02-01-05</b><br><small>(NOTE: Registered Agent signature required when reappointing)</small>   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |         | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |         |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DC<br>KAIN, MARY JANE<br>218 S 56 TERRACE<br>HOLLYWOOD, FL 33023 <input checked="" type="checkbox"/> Delete  |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LE CORNU, DALE<br>8653 SHERATON DRIVE<br>MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete   |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LE CORNU, YVONNE<br>8653 SHERATON DR<br>MIRAMAR, FL 33025 <input type="checkbox"/> Delete   |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ASOWITCH, BARBARA<br>10244 S.W. 12 ST.<br>PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete  |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>SHANNON, PATRICIA<br>901 S. 24 TERR.<br>HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete   |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |         |  |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DC<br>DALE LE CORNU<br>8653 SHERATON DR<br>MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HELENE Siegel<br>12950 S.W. 7th #104<br>Pembroke PINES, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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: Patricia Shannon</b> <b>PATRICIA SHANNON</b> <b>02-01-05</b> <b>954.920.8558</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |         |  |  |