


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90051 040 ****61.25

DOCUMENT # 709700

1. Entity Name
 CHRISTIAN SCIENCE SOCIETY, LEHIGH ACRES,
 FLORIDA, INC.



Principal Place of Business 390 LEE BLVD LEHIGH ACRES, FL 33936	Mailing Address 390 LEE BLVD LEHIGH ACRES, FL 33936
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRATT, REBECCA
 4022 ALBANY ROAD
 LABELLE, FL 33935

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

increased

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PRATT, MARCUS D P.O. BOX 1331 241 OAK ST. LABELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRATT, REBECCA PRATT P.O. BOX 1331 241 OAK ST. 4022 ALBANY RD LABELLE, FL PORT LABELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMME, PALM 607-3RD ST. E. LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, ELISABETH P.O. BOX 1331 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: MARCUS D. PRATT, PRES. 1-29-07 863-615-2188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Marcus D. Pratt

4001110J



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2038811	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required