## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # 710485** 1. Entity Name 03-31-2004 90041 038 \*\*\*\*61.25 FIRST CHURCH OF CHRIST, SCIENTIST, INC., NORTH PALM BEACH, FLORIDA Principal Place of Business Mailing Address 101 CASTLEWOOD ST. 101 CASTLEWOOD ST. 24031863 N. PALM BEACH FL 33408 N. PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address 101 Castle won MOORE CR2E037 (11/03) 4. FEI Number Applied For City & State 59-1204730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marilyn J. Miller 132 Pakestore Dr., Street Address (P.O. Box Number is Not Ac HARBUR DREW A? 128 ASHLEY COURT JUPITER FL 33458 334 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☑ Delete Change Addition TITLE TITLE Brusett, Miller 132 LatesLove Dr. Apt, 278 North Palm Beach PL33408 GRAHAM, KATHRYN NAME NAME 10169 SEAGBARE WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33418 CITY-ST-ZIP CITY-ST-7(P Change TITLE ☐ Delete TITLE ☐ Addition MILLER, MARILYN NAME NAME 132 LAKESHORE DRIVE, #A-218 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 City-St-Zip CITY-ST-ZIP ☐ Delete Change ☐ Addition KINNAIRD, BUCK -NAME 342 SOUTHWIND DRIVE STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-7IP **☑** Delete Change DITE ☐ Addition TITLE HARBUR-DREW NAME NAME 128 ASHLEY COURT STREET ADDRESS STREET ADDRESS JUPLIER FL 33458 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change Addition GORDON, JUDITH NAME 304 CYPRESS DRIVE STREET ADDRESS STREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**