


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 039 ****61.25

DOCUMENT # 712050

1. Entity Name
FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS, FLORIDA



Principal Place of Business
**2390 WEST FIRST STREET
 FORT MYERS, FL 33901**

Mailing Address
**2390 WEST FIRST STREET
 FORT MYERS, FL 33901**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-6136684

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**HALL, DAVID C
 1900 VIRGINIA AVENUE
 1101
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name
West, John P.

Street Address (P.O. Box Number is Not Acceptable)
4585 S. Landings Drive

City
Ft. Myers, FL Zip Code
33919

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 John P. West *copy - original signature sent 2/17/06* DATE 2/15/06

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOCK, ROBERT F 11620 COURT OF PALMS #303 FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANKEUREN, SANDIE 6308 PANTHER LANE F-2 FT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYERSON, JANE M 13501-101 STRATFORD PLACE CIRCLE FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, DAVID C 1900 VIRGINIA AVE #1101 FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, WILLIAM 2132 BARBADOS AVENUE FORT MYERS, FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, DREXEL H 12488 AFTON COURT FORT MYERS, FL 33908	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP West, John P. 4584 S. Landings Drive Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Becker, Dean 3361 N. Key Dr. #209 Ft. Myers, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hague, Jane E. 17661 Bryan Ct., S.W. Ft. Myers Beach, FL 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Matherly, Delaine 4980 Dockside Dr. #104 Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bell, John H. 3225 E. Riverside Dr. #34C Ft. Myers, FL 33916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: John P. West DATE 2/15/06 DAYTIME PHONE # 239-481-4372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR