


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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90039 015 ****61.25

DOCUMENT # 712574			
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, SANIBEL-CAPTIVA, FLORIDA, INC.			
Principal Place of Business 2950 WEST GULF DRIVE SANIBEL FL 33957		Mailing Address 2950 WEST GULF DRIVE SANIBEL FL 33957	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0816521		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent EDWARD, SCIBER 1965 ROSETE LANE SANIBEL FL 33957		7. Name and Address of New Registered Agent Name: MILLER, MARY Street Address (P.O. Box Number is Not Acceptable): 2737 W. GULF P.O. BOX 1259 City: SANIBEL FL Zip Code: 33957	
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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: Mary Miller DATE: 2-17-04

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

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input type="checkbox"/> Delete	NAME: BURDEN, ANNE STREET ADDRESS: P.O. BOX 1131 CITY-ST-ZIP: SANIBEL FL 33957	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: NEDELL, SUSAN STREET ADDRESS: 924 BEACH ROAD CITY-ST-ZIP: SANIBEL, FL 33957
TITLE: CD <input checked="" type="checkbox"/> Delete	NAME: SIEBER, EDWARD STREET ADDRESS: 1965 ROSEATE LANE CITY-ST-ZIP: SANIBEL FL 33957	TITLE: CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: MILLER, MARY STREET ADDRESS: 2737 W. GULF POB 1259 CITY-ST-ZIP: SANIBEL, FL 33957
TITLE: SD <input checked="" type="checkbox"/> Delete	NAME: RUCKSTAETTER, JUNE STREET ADDRESS: 12569 CHESNUT CREEKS CT CITY-ST-ZIP: FORT MYERS FL 33908	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: GIBBS, MARJORIE STREET ADDRESS: 1695 ROSEATE LANE CITY-ST-ZIP: SANIBEL FL 33957	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Delete	NAME: WHITNEY, CLOTILDE STREET ADDRESS: 500 SEA WALK COURT CITY-ST-ZIP: SANIBEL FL 33957	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <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.

SIGNATURE: Mary Miller DATE: 2-17-04 DAYTIME PHONE #: 239-395-0593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR