

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-10-2005 90050 021 ****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

00010000



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02062005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0816521

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLER, MARY
 2737 W. GULF
 P.O. BOX 1259
 SANIBEL, FL 33957**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 L. Miller* DATE **2-7-05**

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, 2005**

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	D	<input type="checkbox"/> Delete
NAME	BURDEN, ANNE	
STREET ADDRESS	P.O. BOX 1131	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MILLER, MARY	
STREET ADDRESS	2737 W. GULF POB 1259	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITNEY, CLOTILDE	
STREET ADDRESS	500 SEA WALK COURT	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEDELL, SUSAN	
STREET ADDRESS	924 BEACH RD	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE A. RUCKSTAETTER	
STREET ADDRESS	15537 CALOOSA CREEK CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Mary L. Miller* **MARY L. MILLER** **239-395-0593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-7-05 Date Daytime Phone #