## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#712574** 

STAAL, NANCY

5449 PEPPERTREE DR

FORT MYERS, FL 339082125

Name:

Address:

City-St-Zip:

FILED Feb 28, 2008 Secretary of State

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, SANIBEL-CAPTIVA, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2950 WEST GULF DRIVE SANIBEL, FL 33957 **Current Mailing Address: New Mailing Address:** 2950 WEST GULF DRIVE SANIBEL, FL 33957 FEI Number: 65-0816521 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, MARY MILLER, MARY 2737 W. GULF 2737 W. GULF, #136 US P.O. BOX 1259 SANIBEL, FL 33957 SANIBEL, FL 33957 US 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. SIGNATURE: MARY L. MILLER 02/28/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BURDEN, ANNE Name: Name: 2915 W. GULF P.O. BOX 1131 Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MILLER, MARY Name: Name: Address: 2737 W. GULF POB 1259 Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: CD () Delete Title: CD (X) Change ( ) Addition CLOTILDE, WHITNEY Name: WILLOVER, MARJORIE Name: 500 SEA WALK CT Address: Address: 5574 SIR WALTER WAY City-St-Zip: SANIBEL, FL 33957 City-St-Zip: NORTH FT. MYERS, FL 33917 Title: (X) Delete Title: () Change () Addition MURRAY, LAURA Name: Name: 1350 MIDDLE GULF DR Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARY L. MILLER T 02/28/2008