


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90062 045 \*\*\*\*61.25

<b>DOCUMENT # 713721</b>					
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, ORMOND BEACH, FLORIDA, INC.					
Principal Place of Business 100 NORTH HALIFAX DRIVE ORMOND BEACH, FL 32176			Mailing Address 100 NORTH HALIFAX DRIVE ORMOND BEACH, FL 32176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2480009				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWARD, GLORIA B 3 SEA DUNE TERR. ORMOND BEACH, FL 32176			Name <u>YVONNE PUNNETT</u> Street Address (P.O. Box Number is Not Acceptable) <u>115 COQUINA AVE</u> City <u>Ormond Beach</u> FL Zip Code <u>32174</u>		
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: <u>YVONNE PUNNETT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>4/13/05</u>		<small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWARD, GLORIA B		NAME		
STREET ADDRESS	3 SEA DUNES TERR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROMAIN, MARILYN		NAME		
STREET ADDRESS	72 CAROL RD.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, ROYAL A.		NAME		
STREET ADDRESS	1108 KILLARNEY DR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32172		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUNNETT, YVONNE		NAME		
STREET ADDRESS	115 COQUINA AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASWELL, MARJORIE		NAME		
STREET ADDRESS	7 SEAFARERS DR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: <u>YVONNE PUNNETT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/13/05</u> 386-677-4219 <small>Date Daytime Phone #</small>		