


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90069 012 \*\*\*\*61.25

|  |                        |  |  |   |  |
|--|------------------------|--|--|---|--|
| <b>DOCUMENT # 713721</b>   |                        |  |  |                |  |
| 1. Entity Name<br>FIRST CHURCH OF CHRIST, SCIENTIST, ORMOND BEACH, FLORIDA, INC.   |                        |  |  |   |  |
| Principal Place of Business<br>100 NORTH HALIFAX DRIVE<br>ORMOND BEACH, FL 32176   |                        |  | Mailing Address<br>100 NORTH HALIFAX DRIVE<br>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<br>59-2480009   |  |
|  |                        |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |                        |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |                        |  | 7. Name and Address of New Registered Agent                          |   |  |
| PUNNETT, YVONNE<br>115 COQUINA AVE<br>ORMOND BEACH, FL 32174   |                        |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                        |  |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |                        | 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 checked="" type="checkbox"/> Delete                                       | TITLE  | RICHARD B. PUNNETT  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SWARD, GLORIA B        |  | NAME   | 115 COQUINA AVE.  |  |
| STREET ADDRESS   | 3 SEA DUNES TERR.      |  | STREET ADDRESS   | ORMOND BEACH FL 32174   |  |
| CITY-ST-ZIP  | ORMOND BEACH, FL 32176 |  | CITY-ST-ZIP  |   |  |
| TITLE  | C                      | <input checked="" type="checkbox"/> Delete                                       | TITLE  | DAWN L. COHE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | ROMAIN, MARILYN        |  | NAME   | 353 S ATLANTIC AVE  |  |
| STREET ADDRESS   | 72 CAROL RD.           |  | STREET ADDRESS   | ORMOND BEACH, FL 32176  |  |
| CITY-ST-ZIP  | ORMOND BEACH, FL 32174 |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                      | <input checked="" 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 checked="" 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 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: <i>Yvonne Punnett</i>   |                        |  | Date: <i>March 8, 2006</i> 386-677-4219                              |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><i>YVONNE PUNNETT</i>  |                        |  | Daytime Phone #  |   |  |