

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

Jan 24, 2007 08

Secretary of

DOCUMENT # 713721

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**



01202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2480009

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PUNNETT, YVONNE
 115 COQUINA AVE
 ORMOND BEACH, FL 32174**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	PUNNETT, RICHARD D
STREET ADDRESS	115 COQUINA AVE
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	C
NAME	CONE, DAWN L
STREET ADDRESS	353 S. ATLANTIC AVE
CITY - ST - ZIP	ORMOND BEACH, FL 32176
TITLE	T
NAME	PUNNETT, YVONNE
STREET ADDRESS	115 COQUINA AVE.
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000601718
 01/26/07-80061-010 61.25

DO NOT WRITE IN THIS SPACE

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: *Yvonne Punnett* 1/22/07 386-677-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #