

**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 <input type="checkbox"/> Not Applicable
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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	

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CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000601718
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/07 386-677-4211