

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90330 033 \*\*\*\*61.25



**DOCUMENT # 713953**

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTTE, FLORIDA, INC.

Principal Place of Business

21090 ILIADE AVE.  
PORT CHARLOTTE FL 33952

Mailing Address

21090 ILIADE AVE.  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6142117

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

OAKS, DAVID K.  
407 E. MARION AVE.  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<del>BERNDTSON, EDWARD</del>	
STREET ADDRESS	<del>25245 ZODIAC AVE</del>	
CITY-ST-ZIP	<del>PORT CHARLOTTE FL 33952</del>	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHARFF, MARY	
STREET ADDRESS	1505 KIRKWOOD ST.	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOULD, MARION	
STREET ADDRESS	2486 CARING WAY 10-A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>BERNDTSON, EDWARD</del>	
STREET ADDRESS	<del>1000 WINGS HWY 20X X</del>	
CITY-ST-ZIP	<del>PORT CHARLOTTE FL 33980</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>BERNDTSON, EDWARD</del>	
STREET ADDRESS	<del>1000 WINGS HWY 20X X</del>	
CITY-ST-ZIP	<del>PORT CHARLOTTE FL 33980</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORGAN, MARILYN	
STREET ADDRESS	2432 ST. DAVIDS ISLAND CT.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNDTSON, EDWARD	
STREET ADDRESS	25245 Zodiac Lane	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNUTH, DONNA	
STREET ADDRESS	3704 Ribera Av:e.	
CITY-ST-ZIP	North Port, FL 34286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Marilyn W. Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn W. Morgan

4/15/05  
Date Daytime Phone #