


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

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90026 005 \*\*\*\*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**


**60007072**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-6142117**

Applied For  
 Not Applicable

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

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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 type="checkbox"/> Delete
NAME	BERNDTSON, EDWARD	
STREET ADDRESS	25245 ZODIAC LANE	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHARFF, MARY	
STREET ADDRESS	1505 KIRKWOOD ST	
CITY-ST-ZIP	NORTH PORT, FL 34286	
TITLE	V	<input checked="" 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	KNUTH, DONNA	
STREET ADDRESS	3704 RIBERA AVE	
CITY-ST-ZIP	NORTH PORT, FL 34286	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, MARILYN	
STREET ADDRESS	2432 ST. DAVIDS ISLAND CT.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	St. Clair, Nancy	
STREET ADDRESS	1383 Abalonn st.	
CITY-ST-ZIP	Port Charlotte, FL. 33980	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mason, Vivienne	
STREET ADDRESS	1000 Kings Hwy #153	
CITY-ST-ZIP	Port Charlotte, FL. 33980	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shiel, Catherine	
STREET ADDRESS	P.O. Box 380432	
CITY-ST-ZIP	Murdock, FL. 33938-0432	
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 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:** Catherine Shiel **1/23/06 941-743-3730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Catherine Shiel