


**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	BERNDTSON, EDWARD 25245 ZODIAC LANE PUNTA GORDA, FL 33983	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE S	SCHARFF, MARY 1505 KIRKWOOD ST NORTH PORT, FL 34286	TITLE NAME	V/D
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE V	GOULD, MARION 2486 CARING WAY 10-A PORT CHARLOTTE, FL 33952	TITLE NAME	S/D St. Clair, Nancy
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	1383 Abalonn st. Port Charlotte, FL 33980
TITLE D	KNUTH, DONNA 3704 RIBERA AVE NORTH PORT, FL 34286	TITLE NAME	Mason, Vivienne
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	1000 Kings Hwy #153 Port Charlotte, FL 33980
TITLE T	MORGAN, MARILYN 2432 ST. DAVIDS ISLAND CT. PUNTA GORDA, FL 33950	TITLE NAME	T/D Shiel, Catherine
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	P.O. Box 380432 Murdock, FL 33938-0432
TITLE NAME		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		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