

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713953

FILED
Apr 30, 2008
Secretary of State

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, PORT CHARLOTTE, FLORIDA, INC.

Current Principal Place of Business:

21090 ILIADE AVE.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21090 ILIADE AVE.
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-6142117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX MARSHALLS, INC
1444 ABSCOTT ST
PT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOULD, MARION
Address: 2486 CARING WAY, #10-A
City-St-Zip: PT CHARLOTTE, FL 33954

Title: D () Delete
Name: PERRIN, EDITH
Address: 21090 LLIADDE AVE
City-St-Zip: PT CHARLOTTE, FL 33952

Title: SD () Delete
Name: ST. CLAIR, NANCY
Address: 1383 ABALOM ST.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: MASON, VIVIENNE
Address: 1000 KINGS HWY #153
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TD () Delete
Name: SHEIL, CATHERINE
Address: P.O BOX 380432
City-St-Zip: MURDOCK, FL 33938

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERNDTSON, EDWARD
Address: 25198 RECIFE DRIVE
City-St-Zip: PUNTA GRODA, FL 33983

Title: VD (X) Change () Addition
Name: SCHARFF, MARY
Address: 1015 KIRKWOOD STREET
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change () Addition
Name: TROMLEY, VERNA
Address: 10303 BURNT STORE ROAD, UNIT 70
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change () Addition
Name: MASON, VIVIENNE
Address: 1000 KINGS HWY. #153
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T (X) Change () Addition
Name: SHEIL, CATHERINE
Address: P.O BOX 380432
City-St-Zip: MURDOCK, FL 33938

Title: S () Change (X) Addition
Name: ST. CLAIR, NANCY
Address: 1383 ABALOM STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE SHIEL

T

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date