

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

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90045 047 ****61.25

DOCUMENT # 718945

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, INC.,
DELTONA, FLORIDA**



Principal Place of Business

**988 ELKCAM BLVD.
DELTONA FL 32725
US**

Mailing Address

**988 ELKCAM BLVD.
DELTONA FL 32725
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7241025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEFFLER, JEAN A
1210 N OLD MILL DR
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name

-- Gloria Rapp

Street Address (P.O. Box Number is Not Acceptable)

956 Fountainhead Dr.

Deltona, FL 32725

City

Deltona

FL

Zip Code

32725

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

Gloria Rapp

3/30/2005

(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	C	<input checked="" type="checkbox"/> Delete
NAME	LARUE, LESLIE	
STREET ADDRESS	256 HERONWOOD CIRCLE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEFFLER, JEAN	
STREET ADDRESS	1210 N OLD MILL DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MEARS, ANDREW	
STREET ADDRESS	874 SWEETBRIER DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAPP, DALE	
STREET ADDRESS	956 FOUNTAINHEAD DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	C	<input type="checkbox"/> Delete
NAME	RAPP, GLORIA	
STREET ADDRESS	956 FOUNTAINHEAD DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW MEARS	
STREET ADDRESS	874 SWEETBRIER DR.	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETH WORETH	
STREET ADDRESS	507 BRIAR OAK WAY	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE RAPP	
STREET ADDRESS	957 FOUNTAINHEAD DR.	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY BUMGARDNER	
STREET ADDRESS	1120 AZORA DR.	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA RAPP	
STREET ADDRESS	SAME	
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:

Andrew J. Mears

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2005 (386) 574-4471

Date

Daytime Phone #