

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90402 002 \*\*\*\*61.25

**DOCUMENT # 721618**

1. Entity Name

CHRISTIAN SCIENCE SOCIETY, LAKE WALES,  
FLORIDA, INC.



Principal Place of Business

1550 BURNS AVE  
LAKE WALES FL 33898  
US

Mailing Address

P O BOX 1697  
LAKE WALES FL 33859-3927  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33859-1697

~~PO BOX~~ US

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2299322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIRLEY TIEDJENS  
6 EASY STREET  
LAKE WALES FL 33898-7433

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

*Shirley Tiedjens*

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

(NOTE: Registered Agent signature required when reinstating)

3/16/2006

DATE

**FILE NOW: 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 D ☐ Delete  
NAME KNAPP, RUTH  
STREET ADDRESS 5571 SADDLEBAG LAKE RD.  
CITY-ST-ZIP LAKE WALES FL 33898-9670

TITLE TD ☐ Delete  
NAME TIEDJENS, SHIRLEY  
STREET ADDRESS 6 EASY STREET  
CITY-ST-ZIP LAKE WALES FL 33898-7433

TITLE SD ☐ Delete  
NAME SMITH, ROBYN  
STREET ADDRESS 10511 MONROE CT.  
CITY-ST-ZIP LAKE WALES FL 33898-6914

TITLE D ☐ Delete  
NAME DE LISSOVOY, LILLIAN  
STREET ADDRESS P O BOX 7655  
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE CD ☐ Delete  
NAME MECK, CHARLOTTE  
STREET ADDRESS P O BOX 8604  
CITY-ST-ZIP LAKESHORES FL 33854

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Robyn Smith* Robyn Smith

1-18-06 (863)696-3124