

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90017 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 33859-1697
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

Treasurer

March 16, 2007

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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-STATE-ZIP LAKE WALES FL 33898-9670

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE CD ☒ Change ☐ Addition
NAME BETTY KOELLE
STREET ADDRESS 5747 SADDLEBAG LAKE ROAD
CITY-STATE-ZIP LAKE WALES FL 33898-9670

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 S. Smith* ROBYN S. SMITH SD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07 863-696-3124

Date Daytime Phone #