

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721618

FILED
Jan 26, 2009
Secretary of State

Entity Name: CHRISTIAN SCIENCE SOCIETY, LAKE WALES, FLORIDA, INC.

Current Principal Place of Business:

1550 BURNS AVE
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1697
LAKE WALES, FL 338591697 US

New Mailing Address:

FEI Number: 59-2299322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY TIEDJENS
6 EASY STREET
LAKE WALES, FL 338987433 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: D () Delete
Name: KNAPP, RUTH
Address: 5571 SADDLEBAG LAKE RD.
City-St-Zip: LAKE WALES, FL 338989670

Title: TD () Delete
Name: TIEDJENS, SHIRLEY,
Address: 6 EASY STREET
City-St-Zip: LAKE WALES, FL 338987433

Title: SD () Delete
Name: SMITH, ROBYN,
Address: 10511 MONROE CT.
City-St-Zip: LAKE WALES, FL 338986914

Title: D () Delete
Name: DE LISSOVOY, LILLIAN
Address: P O BOX 7655
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: CD () Delete
Name: YVETTE, LACY
Address: 1010 VALENTINA DR
City-St-Zip: DUNDEE, FL 33838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHIRLEY M. TIEDJENS

TD

01/26/2009

Electronic Signature of Signing Officer or Director

Date