

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 722399

1. Entity Name
**THIRD CHURCH OF CHRIST, SCIENTIST, SARASOTA,
FLORIDA, INC.**



Principal Place of Business
**7660 CURTISS AVENUE
SARASOTA, FL 34231**

Mailing Address
**7660 CURTISS AVENUE
SARASOTA, FL 34231**



01272006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7281257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLINT, JAMES W
8599 WOODBRIAR DR
SARASOTA, FL 34238**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
MACINTIRE, JOAN
583 MEADOW SWEET CR.
SARASOTA, FL 34229**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
FLINT, JAMES W
8599 WOODBRIAR DR
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BOARDMAN, DAWN
7239 CLOISTER DR
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KAPERNIK, BARBARA
7550 FAIRWAY WOODS DR
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRIFTNER, NANCY
4979 WINDSOR PARK
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ESKEW, KIM G
1680 KELLY LN
SARASOTA, FL 34232**

000000414557
02/11/06-60044-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06 941-
923-1160