

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90091 030 \*\*\*\*61.25

**DOCUMENT # 725331**

1. Entity Name  
**FIRST CHURCH OF CHRIST, SCIENTIST, ENGLEWOOD,  
FLORIDA, INC.**



Principal Place of Business  
**35 S. OXFORD RD.  
ENGLEWOOD, FL 34295-0747**

Mailing Address  
**PO BOX 747  
ENGLEWOOD, FL 34295-0747**

**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7205680</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

**6. Name and Address of Current Registered Agent**

**BRADY, JAMES E  
30 GRAND PALMS BLVD.  
ENGLEWOOD, FL 34223**

**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, 2007**

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	TEBM BRADY, JAMES 30 GRAND PALMS BLVD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEB SIMMONS, LARRY B 1215 MANASOTA BCH RD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>EBM BRADY, GRACE 30 GRAND PALMS BLVD ENGLEWOOD, FL 34223</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBM GUNTHER, MILDRED 8840 GILLARD AV. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBM SALINS, HELEN 38 NORTH EASTER ISLAND CIRCLE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>EBM</del> <b>MARION Mc CONNELL</b> <b>716 BLACKBURN BLVD.</b> <b>VENICE, FL 34287</b>

**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:**

*James E. Brady* **JAMES E. BRADY**

**2-28-07**

**941-473-9264**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #