

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728842

FILED
Jul 03, 2007
Secretary of State

Entity Name: THE FIRST CHURCH OF RELIGIOUS SCIENCE, CENTER FOR POSITIVE LIVING OF LEE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

406 S E 24TH AVENUE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

406 S E 24TH AVENUE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-0713025 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOLAN, LINDA M
624 SE 1ST PLACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

FLOWER, TIMOTHY
1300 LEE STREET
SLIP F-70
FT MYERS, FL 33902 US

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: TIMOTHY FLOWER

07/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOLAN, LINDA
Address: 624 SE 1ST PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: SD () Delete
Name: CASTELLANO, MARIE
Address: 1501 SE 27TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: DAEDA, VALERIE
Address: 2119 UNITY AVE
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: LANGLOIS, BRIAN
Address: 1207 SE 23RD PLACE A
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLOWER, TIMOTHY
Address: 1300 LEE STREET SLIP F-70
City-St-Zip: CAPE CORAL, FL 33902+

Title: TR (X) Change () Addition
Name: CASTELLANO, MARIE
Address: 1501 SE 27TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: SD (X) Change () Addition
Name: DEFORGE, MICHEL
Address: 2313 EPHRAIM AVENUE
City-St-Zip: FORT MYERS, FL 33907

Title: TR (X) Change () Addition
Name: COSDEN, JESSICA
Address: 719 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL 33904

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: TIMOTHY FLOWER

PD

07/03/2007

Electronic Signature of Signing Officer or Director

Date