

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# 728842

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 ()

Name and Address of Current Registered Agent:

FLOWER, TIMOTHY
1300 LEE STREET
SLIP F-70
FT MYERS, FL 33902 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: PD () Delete
Name: FLOWER, TIMOTHY
Address: 1300 LEE STREET SLIP F-70
City-St-Zip: CAPE CORAL, FL 33902

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TR (X) Change () Addition
Name: POSEGAY, LORRIE
Address: 2835 NW 5TH TER
City-St-Zip: CAPE CORAL, FL 33993

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

01/06/2008

Electronic Signature of Signing Officer or Director

_____ Date