


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90051 016 \*\*\*\*70.00

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<b>DOCUMENT # 729228</b>					
1. Entity Name CHURCH OF CHRIST JESUS AND MARY BAKER EDDY CHRISTIAN SCIENCE, INC.					
Principal Place of Business		Mailing Address			
1259 NORTHEAST 97 ST MIAMI SHORES, FL 33138 US		P. O. BOX 27539 DENVER, CO 80227 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2363898	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRABLE, JANE 1259 NORTHEAST 97 ST MIAMI SHORES, FL 33138			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITER, SHARON		NAME		
STREET ADDRESS	8172 WEST EASTMAN PL		STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD, CO 80227		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLAIN, ANITA F		NAME		
STREET ADDRESS	10972 MAIN RIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	LITTLETON, CO 80127		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADELMAN, ORCHID		NAME	Douglas, Orchid	
STREET ADDRESS	423 DEFRAME COURT		STREET ADDRESS		
CITY-ST-ZIP	GOLDEN, CO 80401		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERLIN, CHERYL		NAME		
STREET ADDRESS	3469 SOUTH OTIS CRT		STREET ADDRESS		
CITY-ST-ZIP	DENVER, CO 80227		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMBROUGH, SALLIE		NAME		
STREET ADDRESS	5353 LAMAR ST		STREET ADDRESS		
CITY-ST-ZIP	LITTLETON, CO 80123		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sharon A. Leiter</i>		Sharon A Leiter, President		03/30/05 303-989-9398	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	