

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729228

FILED
Feb 09, 2009
Secretary of State

Entity Name: CHURCH OF CHRIST JESUS AND MARY BAKER EDDY CHRISTIAN SCIENCE, INC.

Current Principal Place of Business:

1259 NORTHEAST 97 ST
MIAMI SHORES, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 27539
DENVER, CO 80227 US

New Mailing Address:

FEI Number: 59-2363898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRABLE, JANE
1259 NORTHEAST 97 ST
MIAMI SHORES, FL 33138 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: PCM () Delete
Name: LEITER, SHARON
Address: 8101 WEST EASTMAN PL APT 1-204
City-St-Zip: LAKEWOOD, CO 80227

Title: VD () Delete
Name: MCCLAIN, ANITA F
Address: 10972 MAIN RIDGE TRAIL
City-St-Zip: LITTLETON, CO 80127

Title: T () Delete
Name: CHAMBERLIN, CHERYL
Address: 3469 SOUTH OTIS CRT
City-St-Zip: DENVER, CO 80227

Title: D () Delete
Name: KIMBROUGH, SALLIE
Address: 5353 LAMAR ST
City-St-Zip: LITTLETON, CO 80123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: CHAMBERLIN, CHERYL
Address: 3469 SOUTH OTIS CT
City-St-Zip: DENVER, CO 80227

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

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: SHARON A. LEITER

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date