


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90033 039 ****61.25

DOCUMENT # 730407						
1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, JUPITER-TEQUESTA, FLORIDA, INC.						
Principal Place of Business 75 E. INDIANTOWN ROAD, #502 CONCOURSE VILLAGE SHOPPING CENTER JUPITER, FL 33477			Mailing Address 75 E. INDIANTOWN ROAD, #502 CONCOURSE VILLAGE SHOPPING CENTER JUPITER, FL 33477			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1572477		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable		
				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
MAIDMENT, HELEN 5-B CONCOURSE DRIVE TEQUESTA, FL 33469			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 re-registering)						
Filing Fee is \$61.25 Due by May 1, 2004		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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, KEITH		NAME			
STREET ADDRESS	800 OCEAN DRIVE #903		STREET ADDRESS			
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAYLOR, SHIRLEY		NAME			
STREET ADDRESS	10436 SE SILVER PALM		STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MASSEY, MINIVAN		NAME			
STREET ADDRESS	210 FAIRWAY STREET		STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEIL, PHYLLIS		NAME			
STREET ADDRESS	1004 10TH AVE.		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAIDMEL, HETER		NAME	maidment, Helen		
STREET ADDRESS	5B CONCLUISE DR.		STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33477		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>Helen Maidment</i>		Date: <i>5-11-7⁴⁶</i>		Daytime Phone #: <i>24-6597 2/2/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		