


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90025 018 ****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
01062005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1572477		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
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	C <input checked="" 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	D <input checked="" 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	C <input checked="" 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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIDMENT, HELEN	NAME	
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 checked="" type="checkbox"/> Addition
NAME	Ferguson, Joanne	NAME	Ferguson, Joanne
STREET ADDRESS	173 Jones Creek Dr.	STREET ADDRESS	173 Jones Creek Dr.
CITY-ST-ZIP	Jupiter, FL 33458	CITY-ST-ZIP	Jupiter FL 33458
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: <u>Joanne Ferguson</u>		Date: <u>1/22/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	