


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90158 007 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01242006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-1572477

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MAIDMENT, HELEN
 5-B CONCOURSE DRIVE
 TEQUESTA, FL 33469**

7. Name and Address of New Registered Agent
 Name **Nancy Gray**
 Street Address (P.O. Box Number is Not Acceptable)
75 E. Indiantown Rd. # 502
 City **Jupiter** FL Zip Code **33477**

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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME S TAYLOR, SHIRLEY STREET ADDRESS 10436 SE SILVER PALM CITY-ST-ZIP JUPITER, FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME D MASSEY, MINIVAN STREET ADDRESS 210 FAIRWAY STREET CITY-ST-ZIP TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME C HEIL, PHYLLIS STREET ADDRESS 1004 10TH AVE. CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME S MAIDMENT, HELEN STREET ADDRESS 5B CONCLUISE DR. CITY-ST-ZIP JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete
TITLE NAME T FERGUSON, JOANNA STREET ADDRESS 17TH JONEW CIRCLE DR. CITY-ST-ZIP JUPITER, FL 33458	<input type="checkbox"/> Delete
TITLE NAME D Robert Founce STREET ADDRESS 8146 S. Eagle Ave CITY-ST-ZIP Hobe Sound FL 33455	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addit

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME C Dingwell Randy STREET ADDRESS 32443 Windover Way CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Richard Dickson STREET ADDRESS 2103 Spring Ct. CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Ms. Jeanne Coulter STREET ADDRESS 19900 Beach Rd #704 CITY-ST-ZIP Tequesta, FL 33499	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S Nancy Gray STREET ADDRESS 717 S. US Hwy #1 #287 CITY-ST-ZIP Jupiter, FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME T Ferguson, Joanne STREET ADDRESS 173 Jones Creek Drive CITY-ST-ZIP Jupiter FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Charlotte Lewis STREET ADDRESS 13297 Garth Ct. CITY-ST-ZIP Palm Beach Gardens FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joanne Ferguson **4/28/06 (su) 747-8602**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #