

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90367 026 ****61.25

DOCUMENT # 741945

1. Entity Name
**FIRST CHURCH OF CHRIST, SCIENTIST, ORLANDO,
FLORIDA**



Principal Place of Business
**915 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803**

Mailing Address
**915 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803**

40034130



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-6002510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAUTIS-ROSE, BURMA
1215 FORESTER AVE.
ORLANDO, FL 32808**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JD** ☐ Delete
NAME **WATT, CYNTHIA**
STREET ADDRESS **1421 CENTER STREET**
CITY-ST-ZIP **OCOE, FL 34761**

TITLE **P** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SPAIN, MARK**
STREET ADDRESS **3361 CALCUTTA AVE.**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ANDERSON, PETER**
STREET ADDRESS **P.O. BOX 536003**
CITY-ST-ZIP **ORLANDO, FL 32853**

TITLE **VA** ☐ Change ☒ Addition
NAME **LINDA BECK**
STREET ADDRESS **1206 LAKE WILLISIA RD**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **SIMS, GAIL**
STREET ADDRESS **3712 S. SUMMERLIN AVE**
CITY-ST-ZIP **ORLANDO, FL 32853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **STALNAKER, DENA**
STREET ADDRESS **782 HEATHROW**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ANDERSON, ORPHA**
STREET ADDRESS **514 SHORT PINE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **D** ☐ Change ☒ Addition
NAME **MARY HAYNE**
STREET ADDRESS **300 E SOUTH ST #2016**
CITY-ST-ZIP **ORLANDO FL 32801**

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:

Burma Zautis-Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07 407 896 0770

Date

Daytime Phone #