



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90250 014 \*\*\*\*61.25

<b>DOCUMENT # 745270</b> 1. Entity Name <b>FIRST CHURCH OF CHRIST, SCIENTIST, OF MIAMI, FLORIDA</b>					
Principal Place of Business <b>1836 BISCAYNE BLVD</b> <b>MIAMI, FL 33132 US</b>			Mailing Address <b>1836 BISCAYNE BLVD</b> <b>MIAMI, FL 33132 US</b>		
2. Principal Place of Business <u>as above</u> Suite, Apt. #, etc.		3. Mailing Address <u>as above</u> Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60002837</div>  <div style="margin-top: 20px;">           01102006    Chg-NP    CR2E037 (11/05)         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-0720259</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>LUTTRELL, LARRY L</b> <b>1836 BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Larry L. Luttrell, Clerk of Church/Secretary of Board</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBT ENSIGN, PATRICIA J 1751 MICANOPY AVE MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. William Hanson 461 N. E. 119th St. Biscayne Park, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCBT DORESTANT, MARIE 299 N.W. 43RD STREET MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCBT Beverly Luttrell 161 N. E. 50th St. Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBT LUTTRELL, LARRY L 161 NE 50TH STREET MIAMI, FL 331372714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ENSIGN, PATRICIA J 1751 MICANOPY AVE MIAMI, FL 33233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marie M. Dorestant 299 N. W. 43rd St. Miami, FL 33127 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, BEATRIZ 12727 S.W. 63RD CIRCLE TERRACE MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AZEMAR, DANIEL 9455 N.W. 36TH AVE MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <u>A. William Hanson</u> A. William Hanson, Chairman    1/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

305-373-1645