

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746820

FILED
Apr 27, 2009
Secretary of State

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, COCOA, FLORIDA

Current Principal Place of Business:

235 N. INDIAN RIVER DR
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

235 N. INDIAN RIVER DR
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-1946065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, LAURIE
610 ANDRIX ST.
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOK, THOMAS
Address: 2912 BODDINGTON WAY
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: BRADY, LAURIE
Address: 610 ANDRIX ST.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T () Delete
Name: RENSING, JOHN
Address: 1088 WILD FLOWER DR.
City-St-Zip: MELBOURNE, FL 32940

Title: VPD () Delete
Name: CLARK, GAY
Address: 5807 N. BANANA RIVER DR., #1232
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CARTER, SCOTT
Address: 200 SALMON DR. NE
City-St-Zip: PALM BAY, FL 32907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE BRADY

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date