


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90037 005 \*\*\*\*61.25

**DOCUMENT # 754596**

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



Principal Place of Business  
**975 MARKHAM WOODS RD  
 LONGWOOD, FL 32779 US**

Mailing Address  
**975 MARKHAM WOODS RD  
 LONGWOOD, FL 32779 US**

**50027296**



2. Principal Place of Business  
 Suite, Apt. #, etc.

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

02272005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**59-2041282**

Applied For  
 Not Applied For

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

6. Name and Address of Current Registered Agent  
**O NEAL, CHERIE (X SPELLING INCORRECT)  
 442 OPAL COURT  
 ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name  
**O, NEAL, CHERIE**

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 *Cherie O'Neal* DATE *2/28/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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 STREET ADDRESS CITY-ST-ZIP	D PATTEN, JANET 108 EASTERN FORK LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP O'NEAL, CHERIE 442 OPAL CT. ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMMER, JANE A 213 PEPPERTREE CT. LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUBERTI, KAREN 1786 OAKBROOK DR LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, SARAE 2503 SWEETWATER COUNTRY CLUB DR APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMMER, JANE A 213 PEPPERTREE CT LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTEN, CASE 108 EASTERN FORK LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGHTON, CAROL 1000 DOUGLAS AVE, #80 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, NANCY 4936 TUSKABAY CT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, JOY 104 OLD HICKORY CT. LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ARDSALE, BARBARA 901 TUSCAWILLA TRAIL WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Action

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: *Nancy Russell* DATE *2-28-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR