

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90105 011 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2041282	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent O'NEAL, CHERIE 442 OPAL COURT ALTAMONTE SPRINGS FL 32714			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <u>Cherie O'neal</u>				DATE <u>4/29/06</u>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATTEN, CASE	NAME			
STREET ADDRESS	108 EASTERN FORK	STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32779	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOUGHTON, CAROL	NAME			
STREET ADDRESS	1000 DOUGLAS AVE #80	STREET ADDRESS	704 Ashgrove Terr.		
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	CITY - ST - ZIP	Sanford, FL 32771		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSSELL, NANCY	NAME			
STREET ADDRESS	4936 TUSKABAV CT	STREET ADDRESS			
CITY - ST - ZIP	WINTER SPRINGS FL 32708	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILLIARD, JOY	NAME			
STREET ADDRESS	104 OLD HICKORY CT	STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32750	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VAN ARDSALE, BARBARA	NAME	Judy Johnson		
STREET ADDRESS	901 TUSCAWILLA TRAIL	STREET ADDRESS	163 Lori Anne Lane		
CITY - ST - ZIP	WINTER SPRINGS FL 32708	CITY - ST - ZIP	Winter Springs, FL 32708		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Lise Pilande, Lise		
STREET ADDRESS		STREET ADDRESS	700 E. Welch Rd.		
CITY - ST - ZIP		CITY - ST - ZIP	Apopka, FL 32712		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Lise Pilande</u>				DATE: <u>4/19/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					