

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90101 013 ****61.25

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01112007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2041282 <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'NEAL, CHERIE 442 OPAL COURT ALTAMONTE SPRINGS, FL 32714			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 _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTEN, CASE		NAME	Cindi Price	
STREET ADDRESS	108 EASTERN FORK		STREET ADDRESS	1010 Winderley Pl., #131	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUGHTON, CAROL		NAME	Amy Runet	
STREET ADDRESS	704 ASHGROVE TERR		STREET ADDRESS	1756 Gulf Winds Ct.	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	Apopka, FL 32712	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JUDY		NAME		
STREET ADDRESS	163 LORI LANE		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 checked="" type="checkbox"/> Addition
NAME	PILANDE, LISE		NAME	Patty Russell	
STREET ADDRESS	700 E WELCH RD		STREET ADDRESS	97 Exeter Ct.	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP	Sanford, FL 32773	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Judy L. Johnson</u>		Date: <u>1-28-07</u>		Daytime Phone #: <u>407-666-1150</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					