2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754596

FILED Apr 25, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

975 MARKHAM WOODS RD LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

975 MARKHAM WOODS RD P. O. BOX 917677

LONGWOOD, FL 32779 US LONGWOOD, FL 327917677 US

FEI Number: 59-2041282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'NEAL, CHERIE PRICE, CYNTHIA
442 OPAL COURT 1010 WINDERLEY PL #131
ALTAMONTE SPRINGS, FL 32714 US MAITLAND, FL 32751 US

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: CYNTHIA D PRICE 04/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 PRICE, CINDI
 Name:
 O'NEAL, CHERIE

 Address:
 1010 WINDERLEY PL. #131
 Address:
 442 OPAL CT

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 RURUT, AMY
 Name:
 MCCULLOUGH, DEBORAH

 Address:
 1756 GULF WINDS CT
 Address:
 621 NORTHBRIDGE DR

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714

Title: D () Delete Title: () Change () Addition

Name: CONNOLLY, SUZANNE Name:
Address: 1148 D FAIRWAY DR Address:

Address: 1148 D FAIRWAY DR Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HOUGHTON, CAROL
 Name:

 Address:
 704 ASHGROVE TERR
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 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: CYNTHIA D. PRICE CLER 04/25/2009