


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90299 050 ****52.50
 02-08-2005 90018 009 *****8.75

DOCUMENT # 763304					
1. Entity Name THE CHRISTIAN SCIENCE SOCIETY OF BONITA SPRINGS, FLORIDA, INCORPORATED					
Principal Place of Business 11551 EAST TERRY STREET BONITA SPRINGS FL 34135 US		Mailing Address 11551 EAST TERRY STREET BONITA SPRINGS FL 34135 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6564990	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LURVEY, ROBERT 13221 BRIDGEFORD AVE BONITA SPRINGS FL 34135			7. Name and Address of New Registered Agent Name: Karen Matheny Street Address (P.O. Box Number is Not Applicable) 4310 Queen Elizabeth Way City: NAPLES FL Zip Code: 34119		
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: <i>Karen J. Matheny</i> Treasurer DATE: 2/1/05 <small>Signature, typed or printed name of registered agent and title, as applicable (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	DT <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LURVEY, ROBERT	NAME	Matheny, Karen		
STREET ADDRESS	13221 BRIDGEFORD AVE	STREET ADDRESS	4310 Queen Elizabeth Way		
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	Naples FL 34119		
TITLE	DC <input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LURVEY, NEENA	NAME			
STREET ADDRESS	13221 BRIDGEFORD AVE.	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERT N. MATHENY, NORMAN R.	NAME			
STREET ADDRESS	4310 QUEEN ELIZABETH WAY	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34119	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	FAHERTY, JUDITH		
STREET ADDRESS		STREET ADDRESS	27171 KINDLEWOOD Lane		
CITY-ST-ZIP		CITY-ST-ZIP	Bonita Springs FL 34134		
TITLE	<input type="checkbox"/> Delete	TITLE			
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 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: <i>Karen J. Matheny</i>		Treasurer		DATE: 2/1/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 239-598-4683	