

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763304

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE CHRISTIAN SCIENCE SOCIETY OF BONITA SPRINGS, FLORIDA, INCORPORATED

Current Principal Place of Business:

11551 EAST TERRY STREET
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

11551 EAST TERRY STREET
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 59-6564990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHENY, KAREN
4310 QUEEN ELIZABETH WAY
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

NALL, NANCY
26030 CLARKSTON DR
BONITA SPRINGS, FL 34135 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: NANCY L. NALL

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COOK, ALMEDA
Address: 26261 RALEIGH DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Delete
Name: NALL, NANCY
Address: 26030 CLARKSTON DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: SCHMIDT, LUCILLE M
Address: 23831 SAN MARINO RD. #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DC (X) Delete
Name: MATHENY, KAREN
Address: 4310 QUEEN ELIZABETH WAY
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CB (X) Change () Addition
Name: MICHAEL, GILLESPIE
Address: 26750 MCLAUGHLIN BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: FAHERTY, JUDY
Address: 27171 KINDLEWOOD LANE
City-St-Zip: BONITA SPRINGS, FL 34124

Title: () Change () Addition
Name:
Address:
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: NANCY L. NALL

T

02/24/2009

Electronic Signature of Signing Officer or Director

Date