

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2007 08:00 AM
Secretary of State

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1. Entity Name

THE FIRST CHURCH OF CHRIST, SCIENTIST, CORP.



Principal Place of Business

175 HUNTINGTON AVENUE A11-01
BOSTON, MA 02115-3187

Mailing Address

175 HUNTINGTON AVENUE A11-01
BOSTON, MA 02115-3187



06062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-2254742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, WILLIAM G
535 SOUTH PALM AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BLACK, J. THOMAS
STREET ADDRESS 175 HUNTINGTON AVENUE A11-01
CITY-ST-ZIP BOSTON, MA 02115

TITLE D
NAME JONES, WALTER D
STREET ADDRESS 175 HUNTINGTON AVENUE A11-01
CITY-ST-ZIP BOSTON, MA 021153187

TITLE D
NAME TRAMMELL, MARY M
STREET ADDRESS 175 HUNTINGTON AVENUE A11-01
CITY-ST-ZIP BOSTON, MA 021153187

TITLE D
NAME WESTBERG, M. VICTOR
STREET ADDRESS 175 HUNTINGTON AVENUE A11-01
CITY-ST-ZIP BOSTON, MA 021153187

TITLE C
NAME TALBOT, NATHAN A
STREET ADDRESS 175 HUNTINGTON AVENUE A11-01
CITY-ST-ZIP BOSTON, MA 021153187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000766362
06/18/07-80002-012 61.25

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IN THIS SPACE**

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:

Walter D. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter D. Jones. Chairman 6/7/07 617-450-3009

Date

Daytime Phone #