

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90681 007 ****61.25

DOCUMENT # F03000000912

1. Entity Name

ARDEN-EVANS, CSB, CHRISTIAN-SCIENCE
ASSOCIATION, INC.



Principal Place of Business

2987 WEST KNIGHTS AVENUE
TAMPA FL 33611

Mailing Address

2987 WEST KNIGHTS AVENUE
TAMPA FL 33611

94050935

2. Principal Place of Business

Tampa, Florida
Suite, Apt. #, etc.

3. Mailing Address

2987 W. Knights Ave
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Tampa, FL
Zip 33611 Hillsborough

City & State

Tampa, Florida
Zip 33611 Hillsborough

4. FEI Number

52-2390423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name Arden-Evans

Street Address (P.O. Box Number is Not Acceptable)

2987 West Knights Ave.

City Tampa

FL

Zip Code 33611

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CP
NAME EVANS, ARDEN
STREET ADDRESS 2987 WEST KNIGHTS AVENUE
CITY-ST-ZIP TAMPA FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04