

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2005  
Secretary of State**

DOCUMENT# N01000005960

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, DAYTONA BEACH, INC.

**Current Principal Place of Business:**

137 LIVE OAK AVENUE  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

137 LIVE OAK AVENUE  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

FEI Number: 59-0791015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STACK, MELVIN D  
444 SEABREEZE BLVD., SUITE 400  
DAYTONA BEACH, FL 32118      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: STEPHENSON, MARY C  
Address: 1212 LA PALOMA  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: D      ( ) Delete  
Name: WANDEL, SUSAN  
Address: PO BOX 4675  
City-St-Zip: SOUTH DAYTONA, FL 32127 US

Title: D      ( ) Delete  
Name: LORENZ, SUE A  
Address: 61 MERRYWOOD CIR.  
City-St-Zip: ORMOND TRAIL, FL 32174 US

Title: D      ( ) Delete  
Name: GAY, DOROTHY H  
Address: 1222 RIVERBREEZE BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: THOMPSEN, MYRNA A  
Address: 2430 CITRUS AVENUE  
City-St-Zip: PORT ORANGE, FL 32119

Title: D      (X) Change ( ) Addition  
Name: BAUGHMAN, RICHARD E  
Address: 6466 CYPRESS SPRINGS PARKWAY  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: D      (X) Change ( ) Addition  
Name: CADICK, ELLEN B  
Address: 2555 S. ATLANTIC AVENUE, NO. 202  
City-St-Zip: DAYTONA BEACH, FL 32118 US

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

Title: D      ( ) Change (X) Addition  
Name: FORSBERG, BARBARA H  
Address: 989 SHOCKNEY DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MYRNA A. THOMPSEN

DIR

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date