2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010345

FILED Mar 26, 2009 Secretary of State

Entity Name: FIRST CHURCH OF CHRIST, SCIENTIST, TAMPA, FLORIDA, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
104 S. CEI TAMPA, FI	DAR AVENUE L 33606				
Current Mailing Address:			New Mailir	New Mailing Address:	
104 S. CEI TAMPA, FI	DAR AVENUE L 33606				
FEI Number:	59-6137440	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:	
	S, GREGORY DAR AVENUE L 33606 US				
	named entity s e of Florida.	submits this statement for the p	urpose of changing it	s registered office or registered agent, or both,	
SIGNATUF					
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () GRUBBS, DIAN 104 S. CEDAR TAMPA, FL 336	AVE.	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VD () CHASTAIN, M.L 104 S. CEDAR TAMPA, FL 336	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SCHABES, ROE 104 S. CEDAR TAMPA, FL 336	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () PHILLIPS, JEAI 104 S. CEDAR TAMPA, FL 336	AVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LOGAN, MEG 104 S. CEDAR AVE TAMPA, FL 33606	
Title: Name: Address: City-St-Zip:	D () FRINK, HOLLY 104 S. CEDAR TAMPA, FL 336		Title: Name: Address: City-St-Zip:	D (X) Change () Addition LIND, LESLEY 104 S. CEDAR AVE TAMPA, FL 33606	
Title: Name: Address: City-St-Zip:	D () BOYER, PATRI 104 CEDAR AV TAMPA, FL 336	ENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NETHERO, JIM 104 CEDAR AVENUE TAMPA, FL 33606	

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: M. L. CHASTAIN VD 03/26/2009