


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90053 040 ****61.25

DOCUMENT # N05000011058 1. Entity Name CHRISTIAN SCIENCE SOCIETY, TAMPA BAY, INC.	
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Principal Place of Business POBOX 271282 TAMPA, FL 33688-1282	Mailing Address POBOX 271282 TAMPA, FL 33688-1282
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04062008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0819993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SZABO, STEPHEN J III ESQ FOLEY & LARDNER LLP 100 TAMPA STREET NORTH, SUITE 2700 TAMPA, FL 33601-3391	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P SHIDELER, FRANK	<input checked="" type="checkbox"/> Delete	TITLE	P Sandra Owens	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	903 FRANKLAND ROAD		STREET ADDRESS	13608 S Village Dr. #6102	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MATTHEW		NAME	Joan Shideler	
STREET ADDRESS	5014 THE RIVIERA		STREET ADDRESS	903 Frankland Rd.	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa, FL 33629	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, SANDRA		NAME	Kerry Shuey	
STREET ADDRESS	13608 S VILLAGE DR #6102		STREET ADDRESS	4012 W. North B St.	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33609	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, JULIE		NAME		
STREET ADDRESS	2809 SKIMMER POINT DR SOUTH		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAND, ANN		NAME		
STREET ADDRESS	5614 SKIMMER DR		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 full other like empowered.

SIGNATURE: Julie Webster Julie Webster 4/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #