

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011058

FILED
Apr 25, 2009
Secretary of State

Entity Name: CHRISTIAN SCIENCE SOCIETY, TAMPA BAY, INC.

Current Principal Place of Business:

POBOX 271282
TAMPA, FL 336881282

New Principal Place of Business:

5002 W. LEMON ST.
TAMPA, FL 336798066

Current Mailing Address:

POBOX 271282
TAMPA, FL 336881282

New Mailing Address:

FEI Number: 20-0819993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZABO, STEPHEN J III ESQ
FOLEY & LARDNER LLP
100 TAMPA STREET NORTH, SUITE 2700
TAMPA, FL 336013391 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: P () Delete
Name: OWENS, SANDRA
Address: 13608 S VILLAGE DR. #6102
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: SHIDELER, JOAN
Address: 903 FRANKLAND RD.
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: KERRY, SHUEX
Address: 4102 W. NORTH B ST.
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: WEBSTER, JULIE
Address: 2809 SKIMMER POINT DR SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: C (X) Delete
Name: RAND, ANN
Address: 5614 SKIMMER DR
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: WEBSTER, JULIE
Address: 2809 SKIMMER POINT DR. S
City-St-Zip: GULFPORT, FL 33707

Title: C (X) Change () Addition
Name: DEVER, ROBERTA
Address: 303 W. FRANCES AVE.
City-St-Zip: TAMPA, FL 33604

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

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: JULIE WEBSTER

T

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date