2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N08000009116

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

Current Principal Place of Business:

116 S. CLARA AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 671
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-2439014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE PARRY, ASTRID PA
107 E. CHURCH ST
DELAND, FL 32724 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: SHEPHERD, BARBARA
Address: 807 W. HOWRY AVENUE
City-St-Zip: DELAND, FL 32720

Title: C ( ) Delete
Name: JUNK, JUNE
Address: 2050 HOPE LANE
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete
Name: RIFFLE, IVADELLE
Address: 1181 LAUREL OAK DRIVE
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: PAGE, DONALD A
Address: 724 LAKE WINNEMISSETT DRIVE
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: BROWN, FRANCES E
Address: 1312 GREENLAND TRACE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: PAGE, DONALD A
Address: 724 LAKE WINNEMISSETT DR
City-St-Zip: DELAND, FL 32724

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

Title: T (X) Change ( ) Addition
Name: SHEPHERD, BARBARA
Address: 807 W. HOWRY AVE
City-St-Zip: DELAND, FL 32720

Title: D (X) Change ( ) Addition
Name: WALTZ, MARIE
Address: 4169 WOODLAND CIRCLE
City-St-Zip: DELAND, FL 32724

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: BARBARA SHEPHERD T 02/18/2009

Electronic Signature of Signing Officer or Director — Date