

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90023 033 \*\*\*\*61.25

**60022842**



03092006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N35764</b> 1. Entity Name <b>FIRST CHURCH OF CHRIST, SCIENTIST OF FORT LAUDERDALE, FLORIDA</b>					
Principal Place of Business 1005 S. FEDERAL HWY 1005 S. FEDERAL HIGHWAY FT LAUDERDALE, FL 33316 US			Mailing Address 1005 S FEDERAL HWY 1005 S. FEDERAL HIGHWAY FT LAUDERDALE, FL 33316 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-0774182</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DRAFAHL, ROBERT L</b> <b>1005 S. FEDERAL HIGHWAY</b> <b>FORT LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name <b>CORINNE J. TEETER</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 BAYSHORE DRIVE #1606</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33316</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>CORINNE J. TEETER</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>03-09-06</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ESKESEN, KAREN 3300 NORTHEAST 36TH STREET #1007 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HELEN NIELSEN 1201 RIVER REACH DRIVE # 409 FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SWEDENBORG, DORSHA C 1605 SOUTHEAST 10TH STREET FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEVEN O. VAN WIE 5950 DEL LAGO CIRCLE #314 SUNRISE, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TEETER, CORINNE J 777 BAYSHORE DRIVE 31606 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOHLMEYER, DIANE 1101 RIVER REACH DRIVE #219 FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR DRAFAHL, ROBERT L 900 SW 12TH STREET, UNIT 100 FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE:			<b>STEVEN O. VAN WIE</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>03-09-06</b> <small>Date</small>		<b>954 462-4133</b> <small>Daytime Phone #</small>